



CONFIDENTIAL

**PERSONAL FINANCIAL STATEMENT**

As of: \_\_\_\_\_

**TO: Cardinal Bank**

Name: _____	Date of Birth: _____
Address: _____	Social Security No: _____
City / State / Zip: _____	Residence Phone: _____
Position or Occupation: _____	Business Phone: _____
Business Name: _____	How Long?: _____
Business Address: _____	
City / State / Zip: _____	

**This is a(n) (check one):**     *Individual financial statement.*         *Joint financial statement with spouse. If joint, complete the following:*

Spouse: _____	Date of Birth: _____
Address: _____	Social Security No: _____
Position or Occupation: _____	
Business Name: _____	
Business Address: _____	Business Phone: _____
City / State / Zip _____	

**YOU MAY APPLY FOR CREDIT INDIVIDUALLY OR JOINTLY WITH ANOTHER PARTY**

**If you are applying for joint credit with another party (other than your spouse), the joint applicant must complete a separate financial statement.**

**Reflect in this statement your personal financial condition including the financial condition of your spouse if:**

1. You are applying for credit jointly with your spouse, or
2. You are relying on your spouse's income or assets in requesting credit, or
3. You are providing this statement to support previously extended joint credit with your spouse.

**\* List Amounts in Whole Dollars**

ASSETS	AMOUNT
Deposits in Banks & Other Financial Inst. (From Sch 1, pg 2)	
Cash Value of Life Insurance (From Sch 2, pg 2)	
Notes and Accounts Receivable	
Marketable Stocks & Bonds (Sch 3, pg 2)	
Stocks in Closely Held Corporations (Sch 4, pg 2)	
Assets of Proprietorships	
Assets in Partnerships & Joint Ventures	
Vehicles, Boats, Machinery, & Equipment (Sch 5, pg 2)	
Wholly Owned Real Estate (Sch 6, pg 3)	
Partially Owned Real Estate (Sch 7, pg 3)	
Vested Interest in Pension/Retirement Accts (Sch 8, pg 3)	
Personal Property Furniture etc.	
<b>TOTAL ASSETS</b>	<b>\$ -</b>

LIABILITIES AND NET WORTH	AMOUNT
Other Loans Payable (Sch 9, pg 3)	
Loans on Life Insurance (Sch 2, pg 2)	
Taxes Due - Income	
Credit Card or Accounts Payable	
Liabilities of Proprietorships	
Liabilities of Partnerships/Joint Ventures	
Loans on Vehicle, Boats, Mach, & Equip (Sch 5, pg 2)	
Loans on Wholly Owned Real Estate (Sch 6, pg 3)	
<b>Total Liabilities</b>	<b>\$ -</b>
<b>Net Worth</b>	<b>\$ -</b>
<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ -</b>

**Please complete all appropriate schedules. If more space is needed, attach an additional sheet.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Schedule 1 - DEPOSIT ACCOUNTS** (Enter whole dollars)

NAME OF FINANCIAL INSTITUTION AND LOCATION	DEMAND DEPOSITS	TIME DEPOSITS	NAME OF FINANCIAL INSTITUTION AND LOCATION	DEMAND DEPOSITS	TIME DEPOSITS
			\$ -		

**Schedule 2 - LIFE INSURANCE**

NAME OF PERSON INSURED	BENEFICIARY	FACE AMOUNT	CASH VALUE	POLICY LOANS	POLICY ASSIGNED?	IF ASSIGNED, TO WHOM?
<b>TOTALS</b>		\$ -	\$ -	-	-	-

**Schedule 3 - MARKETABLE STOCKS/BONDS NYSE, AMEX, NASDAQ**

(If stocks or bonds are held in a brokerage account, summarize account as one entry and attach statement)

# OF SHARES/ FACE VALUE (BONDS)	DESCRIPTION	REGISTERED IN NAME OF	IF PLEDGED TO WHOM?	DATE ACQUIRED	COST	MARKET VALUE
<b>TOTAL</b>						\$ -

**Schedule 4 - STOCK IN CLOSELY HELD CORPORATIONS** (Please provide F/S if total value exceeds 10% of your net worth)

# OF SHARES OWNED & % OWNERSHIP	CORPORATION NAME	STOCK HELD IN THE NAME OF	STOCKHOLDER'S EQUITY	ANNUAL STATEMENT DATE	VALUE OF SHARES
<b>TOTAL</b>					\$ -

**Schedule 5 - VEHICLES, BOATS, MACHINERY, AND EQUIPMENT**

DESCRIPTION			YR ACQ'D	COST	MARKET VALUE	LOAN BALANCE, IF ANY	LOAN PAYABLE TO	PAYMENT AMOUNT	PAYMENT FREQUENCY	ORIG.TERM (# months)
YR	MAKE	MODEL								
<b>TOTAL</b>					\$ -	\$ -	-	-	-	-

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Schedule 6 - WHOLLY OWNED REAL ESTATE**

LOCATION OR ADDRESS DESCRIPTION OF PROPERTY	TITLE IN THE NAME OF	COST / YR ACQUIRED	MARKET VALUE	MORTGAGE BALANCE	MORTGAGE PAYABLE TO / PAYMENT AMOUNT (per month)
-----		-----			\$ _____ per month
-----		-----			\$ _____ per month
-----		-----			\$ _____ per month
-----		-----			\$ _____ per month
-----		-----			\$ _____ per month
-----		-----			\$ _____ per month
-----		-----			\$ _____ per month
-----		-----			\$ _____ per month
-----		-----			\$ _____ per month
-----		-----			\$ _____ per month
-----		-----			\$ _____ per month
<b>TOTAL</b>			\$ -	\$ -	

**Schedule 7 - PARTIALLY OWNED REAL ESTATE**

LOCATION OR ADDRESS / DESCRIPTION OF PROPERTY	TITLE IN THE NAME OF	COST / YR ACQUIRED	MARKET VALUE	MORTGAGE BALANCE	% of Ownership	Ownership Amount
-----		-----				-
-----		-----				-
-----		-----				-
-----		-----				-
-----		-----				-
-----		-----				-
-----		-----				-
-----		-----				-
-----		-----				-
-----		-----				-
-----		-----				-
<b>TOTAL</b>						\$ -

**Schedule 8 - VESTED INTEREST IN PENSION/RETIREMENT ACCOUNTS**

ACCOUNT TYPE	IN NAME OF	INVESTED WITH	MARKET VALUE
-----			
-----			
-----			
-----			
<b>TOTAL</b>			\$ -

**Schedule 9 - OTHER LOAN PAYABLES**

NAME OF LENDER	ORIGINAL DATE	ORIGINAL AMOUNT	LOAN BALANCE	REPAYMENT TERMS	PAYMENT AMOUNT	COLLATERAL PLEDGED	OTHER COMAKERS ENDORSERS
-----							
-----							
-----							
-----							
-----							
<b>TOTAL</b>			\$ -				

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SOURCE OF INCOME	
<b>FOR YEAR ENDED:</b> _____	
(Attach a copy of your most recent Income Tax Return and K-1's)	
Salaries - Yours	
Salaries - Your spouses, if applicable	
Bonuses & Commissions	
Dividends	
Interest	
Net Profits from:	
Rental Property	
Proprietorships	
Partnerships	
Joint Ventures	
Other Income: (Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment of this debt.)	
<b>TOTAL INCOME</b>	<b>\$ -</b>

CONTINGENT LIABILITIES	
Are you indirectly liable for obligations of others? <input type="checkbox"/> NO <input type="checkbox"/> YES	
If yes, list and describe. If the obligation is for a business or if you need additional space, list and describe on an attachment.	
Name of Borrower	_____
Total Amount Owed	_____
Lender:	_____
Description	_____
Name of Borrower	_____
Total Amount Owed	_____
Lender:	_____
Description	_____
Total Amount as endorser, comaker, or guarantor: _____	
PERSONAL INFORMATION	
Number of Dependents: _____	Ages: _____
Are you obligated to pay alimony, child support, or separate maintenance payments? If so, provide details: _____	
Are you a defendant in any suits or legal actions? If so, describe: _____	
Have you ever declared bankruptcy or had any judgments recorded against you? If so, explain circumstances. (Please include dates, location, amounts). _____	
Do you have a will? <input type="checkbox"/> NO <input type="checkbox"/> YES	
If so, who is the executor? _____	
Do you have disability insurance? <input type="checkbox"/> NO <input type="checkbox"/> YES	
If so, what is the monthly amount? _____	
What years are covered? _____	

**REPRESENTATIONS AND WARRANTIES**

The information contained in this statement is provided to induce Cardinal Bank to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that Cardinal Bank is relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. Each of the undersigned agrees to notify Cardinal Bank immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its obligations to Cardinal Bank. In the absence of such notice or a new full written statement, this should be considered a continuing statement and substantially correct.

If the undersigned fail to notify Cardinal Bank as required above, or if any information herein should prove to be inaccurate or incomplete in any material respect, Cardinal Bank may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. Cardinal Bank is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give Cardinal Bank any information they may have on the undersigned. Each of the undersigned authorizes Cardinal Bank to answer questions about Cardinal Bank's credit experience with the undersigned. As long as any obligation or guaranty of the undersigned to Cardinal Bank is outstanding, the undersigned shall supply an updated financial statement annually. This personal financial statement and any other financial or other information that the undersigned gives to Cardinal Bank shall be Cardinal Bank's property.

**THE UNDERSIGNED HAVE READ AND FULLY UNDERSTAND THE FOREGOING REPRESENTATIONS AND WARRANTIES**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE