

PERSONAL FINANCIAL STATEMENT

SECTION 1 – PERSONAL INFORMATION							
Applicant				Other Party			
Name (Print):				Name (Print):			
Residence Street Address				Residence Street Address			
City	State	Zip Code	Home Phone	City	State	Zip Code	Home Phone
Business Name				Business Name			
Business Street Address				Business Street Address			
City	State	Zip Code	Business Phone	City	State	Zip Code	Business Phone

SECTION 2 – STATEMENT OF FINANCIAL CONDITION AS OF _____

Date

Personal Assets should be net of business value. Report only the value of your ownership of any assets.

ASSETS (Omit assets of doubtful value)	VALUE (Omit cents)	LIABILITIES	VALUE (Omit cents)
Cash, Checking & Savings Accounts (Schedule A)		Accounts Payable to Others – Secured	
IRAs & Other Retirement Accounts		Accounts Payable to Others – Unsecured	
Marketable Securities and Bonds (Schedule B)		Notes Payable to Banks & Others (Schedule E)	
Non-Marketable Securities (Schedule B)		Bills Due	
Securities Held by Broker in Margin Accounts		Real Estate Mortgages (Schedule C)	
Real Estate Owned (Schedule C)		Loans On Life Insurance	
Partial Interest In Real Estate (Schedule C)		Unpaid Income Tax	
Loans or Notes Receivable		Other Unpaid Taxes & Interest	
Personal Property (Automobiles, etc.)		Other Debts (Itemize)	
Cash Value of Life Insurance (Schedule D)			
Other Assets (Itemize)			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES & EQUITY	

SOURCES OF INCOME		CONTINGENT LIABILITIES	
For the Year Ended 20____		Do you have any contingent liabilities? If so, please provide details.	
Salary, Bonuses & Commissions		As Endorser, Co-Maker or Guarantor?	
Net Investment Income		On Leases or Contracts?	
Real Estate Income		Legal Claims & Judgments	
Other Income (Alimony, child support, or separate maintenance income need not be revealed if you do not want it to be considered as a basis for repaying this obligation.)		Other Special Debt	
Description of Other Income		Amount of Contested Income Tax Liens	
TOTAL INCOME			

Are you a U.S. Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a will? YES <input type="checkbox"/> NO <input type="checkbox"/> Executor:
Have you filed bankruptcy or had any judgments against you? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please provide details:	Are you a partner or an officer in any other venture? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please provide details:
Are you obligated to pay alimony, child support or maintenance payments? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please provide details:	Are there any assets pledged other than as described on the Schedules? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please provide details:
What year are your Income Taxes settled through?	Are you a defendant in any suits or legal actions? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please provide details:

Use separate sheets for additional information, if necessary:

SCHEDULE A – BANKING INFORMATION

Type Of Account	Bank/Credit Union	Address	City, State	Account Number	Balance

SCHEDULE B – MARKETABLE SECURITIES, NON-MARKETABLE SECURITIES & BONDS

Number of Shares/ Bond Face Value	Marketable or Non-Marketable	Description	Are these Pledged?	Source of Value	Market Value

SCHEDULE C – REAL ESTATE

Address	Residential or Commercial	Percent Ownership	Acquisition Date	Purchase Price	Estimated Market Value	Mortgage or Lien Balance	Total Monthly Payment

SCHEDULE D – LIFE INSURANCE CARRIED

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Cash Surrender Value

SCHEDULE E – NOTES PAYABLE TO BANKS & OTHERS

Name & Address of Lender	Name of Borrower	Original Date	Original Balance	Current Balance	Monthly Payment	Secured or Unsecured

Each of the undersigned certifies that all pages hereof and the information inserted therein has been carefully read and is true, correct and complete. The undersigned further represents that there are no encumbrances against any of the foregoing assets except those specifically disclosed above. The information contained in this statement is provided to induce Farmington Savings 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 Farmington Savings 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 agree to notify Farmington Savings Bank immediately and in writing 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 their obligations to Farmington Savings Bank, or (4) in any change in name, address or employment.

Farmington Savings Bank is hereby authorized to verify the information disclosed and to perform a credit investigation regarding the personal, financial and business affairs of each of the undersigned. The Bank may obtain credit reports for each individual, including consumer credit reports, and may also do so for updates, renewals, extensions, and any collection activity or as otherwise permitted by law. Each of the undersigned authorizes Farmington Savings Bank to give credit information to any credit reporting service and to advise others about its credit experience with Farmington Savings Bank. It is also agreed that this financial statement shall remain the property of Farmington Savings Bank whether or not credit is granted. The undersigned agree that Farmington Savings Bank may rely on a facsimile of this Personal Financial Statement received by facsimile transmission, mail or hand delivery. Such facsimiles or any copy of such facsimile shall be binding on the undersigned and shall be considered original documents for all purposes.

Signature (individual)	X	Date signed	
Social Security Number		Date of Birth	

Signature (individual)	X	Date signed	
Social Security Number		Date of Birth	

I/We the undersigned are submitting the above referenced financial statement to Farmington Savings Bank.

- Check this box if you are applying jointly, then sign and date in both places below.
 Check this box if you are applying separately, then sign and date the first signature line below.

X

 Applicant

 Date

X

 Applicant

 Date