

**COATESVILLE SAVINGS BANK**

**PERSONAL FINANCIAL STATEMENT AS OF**

Single:  Joint:

PERSONAL INFORMATION							
APPLICANT (NAME)				APPLICANT (NAME)			
Employer				Employer			
Address of Employer				Address of Employer			
Business Phone No.	No. of Years with	Title/Position		Business Phone No.	No. of Years with	Title/Position	
Name of previous employer & position (if with current employer less than 3 yrs.)			No. of Yrs.	Name of previous employer & position (if with current employer less than 3 yrs.)			No. of Yrs.
Home Address				Home Address			
Email Address				Email Address			
Home Phone No.	Social Security No.	Date of Birth		Home Phone No.	Social Security No.	Date of Birth	
Accountant and Phone #				Accountant and Phone #			
Attorney and Phone #				Attorney and Phone #			
Investment Advisor/Broker and Phone #				Investment Advisor/Broker and Phone #			
Insurance Advisor and Phone #				Insurance Advisor and Phone #			

**Cash Income & Expenditures Statement For Year Ended (Omit cents):**

ANNUAL INCOME	SOURCES*	AMOUNT (\$)
Salary (applicant)	Annual	
Salary (co-applicant)	Annual	
Bonuses & Commissions (applicant)		
Bonuses & Commissions (co-applicant)		
Rental Income		
Interest Income		
Dividend Income		
Proceeds from Sales		
Partnership Income		
Other Investment Income		
Other Income (List)* *		
<b>TOTAL INCOME</b>		

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal Income and Other Taxes	
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	
Residential	
Investment	
Property Taxes	
Residential	
Investment	
Interest & Principal Payments on Loans	
Insurance (Home, Health, Vehicles)	
Investments (including tax shelters)	
Alimony/Child Support	
Meals and Food	
Tuition	
Medical Expenses	
Other Living Expense	
Other Expense (List)	
<b>TOTAL EXPENDITURES</b>	

Any significant changes expected in the next 12 months? Yes:  No:  (If yes, attach information).

Sources\*=examples are Cash, W-2, Tax Return, etc. \*\*Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.



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Schedule B—Insurance						
Life Insurance (use additional sheets if necessary)						
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule C—Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)									
Personal Residence									
Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						
Investment - See attached									
Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

Schedule D—Partnerships and S Corporations (less than majority ownership for real estate partnerships)*						
Type of Investment	Date of Initial Investment	Cost	% Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Current Year Investments
<b>Business/Professional (indicate name)</b>						
<b>Investments (including tax shelters)</b>						

\*Note: For investments, which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-Corporations, schedule K-1's.

Schedule D— Partnerships and C & S Corporations – See attached									
Collateral / Security	Legal Owner	Original		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Date	Amount						

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Schedule E—Notes Payable								
Due To	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

Please Answer the Following Questions:		YES	NO
1. Income Tax returns filed through (date):			
Are any returns currently being audited or contested? If so, what year?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy?			
If Yes, please provide details:			
3. Have you ever drawn a will			
If Yes, please furnish the name of the executor(s) and year will was drawn:			
4. Number of dependents (excluding self) and relationship to applicant:			
5. Do you live in a community property state?		<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had a financial plan prepared for you?		<input type="checkbox"/>	<input type="checkbox"/>
7. Did you include two years federal and state tax returns?		<input type="checkbox"/>	<input type="checkbox"/>
8. Do (either of) you have a line of credit or unused credit facility at any other institution?		<input type="checkbox"/>	<input type="checkbox"/>
If so, please indicate where, how much and name of banker:			
9. Do you have ownership of an LLC, trust or other assets protection device?		<input type="checkbox"/>	<input type="checkbox"/>
10. Do you anticipate any substantial inheritances?		<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain:			

**Representations and Warranties**

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee 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 you 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 (or their) obligations to you. In the absence of such notice or a new and full written statement, this should- be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem 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 you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

\_\_\_\_\_  
Your Signature Date

\_\_\_\_\_  
Co-Applicant's Signature (if you are requesting the financial accommodation jointly) Date



