

Personal Financial Statement

Of:

Contact your representative at FCC if you have any questions regarding the completion of this form.

You may apply for a credit extension of financial accommodation individually or jointly with a co-applicant. This statement and any applicable supporting schedules may be completed jointly by both married and unmarried co-applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis; other separate statements and schedules are required.

Applicant

Name _____ Soc. Sec. No. _____

Address _____ Zip Code _____

Business Phone _____ Home Phone _____ Date of Birth _____

Present Employer _____ Position _____

How Long Employed? _____

Address _____

Number of Dependents _____

Co-Applicant

Name _____ Soc. Sec. No. _____

Address _____ Zip Code _____

Business Phone _____ Home Phone _____ Date of Birth _____

Present Employer _____ Position _____

How Long Employed? _____

Address _____

Number of Dependents _____

Date of Valuation: _____ • Round all amounts to the nearest \$100

• Attach separate sheet if you need more space to complete detail schedule

Assets	Amount	Liabilities	Amount
Cash in bank		Notes Payable Banks (Schedule 7)	
		Notes Payable Others (Schedule 7)	
		Installment Contracts Payable (Schedule 7)	
		Due Dept. Stores, Credit Cards & Others	
Due from Friends, Relatives & Others (Schedule 1)		Income Taxes Payable	
Mortgage & Contracts for Deed Owned (Schedule 2)		Other Taxes Payable	
Securities Owned (Schedule 3)			
Cash Surrender Value of Life Insurance (Schedule 4)		Loans on Life Insurance (Schedule 4)	
Homestead (Schedule 5)			
Other Real Estate Owned (Schedule 5)		Mortgage on Homestead (Schedule 6)	
Automobiles		Mortgage or Liens on Other Real Estate Owned (Schedule 5)	
Personal Property		Other Liabilities (Detail)	
Other Assets (Detail)			
		Total Liabilities	
		Net Worth (Total Assets Less Total Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

ANNUAL INCOME	APPLICANT	CO-APPLICANT	CONTINGENT LIABILITIES	AMOUNT
Salary			As Endorser	
Commissions			As Guarantor	
Dividends			Lawsuits	
Interest			For Taxes	
Rentals			Other (Detail)	
Alimony, child support or maintenance (you need not show this unless you wish us to consider it)				
Other			Check here if "None"	
TOTAL INCOME			TOTAL CONTINGENT LIABILITIES	

Schedule 1 Due from Friends, Relatives & Others

Name of Debtor	Owed To	Collateral	How Payable	Maturity Date	Unpaid Balance
			\$ per		
			\$ per		
			\$ per		
			\$ per		
				TOTAL	

Schedule 2 Mortgage and Contracts for Deed Owned

Name of Debtor	Type of Property	1 st or 2 nd Lien	Owed To	How Payable	Unpaid Balance
				\$ per	
				\$ per	
				\$ per	
				\$ per	
					TOTAL

Schedule 3 Securities Owned

No. Shares or Bond Amount	Description	In Whose Names Registered	Cost	Present Market Value	L – Listed U - Unlisted
			TOTAL		

Schedule 4 Life Insurance

Insured	Insurance Company	Beneficiary	Face Value of Policy	Cash Value	Loans
			TOTAL		

Schedule 5 Real Estate

Address & Type of Property	Title in Name(s) of	Monthly Income	Cost	Present Market Value	Amount of Insurance
			Year Acquired		
			\$		
			Year		
			\$		
			Year		
			\$		
			Year		
			\$		
			Year		
			\$		
			Year		

Schedule 6 Mortgage and Liens on Real Estate

To Whom Payable	How Payable	Interest Rate	Maturity Date	Unpaid Balance
	\$ per			
	\$ per			
	\$ per			
	\$ per			
	\$ per			

Schedule 7 Notes Payable to Banks & Others and Installment Contracts Payable

To Whom Payable	Address	Collateral or Unsecured	How Payable	Unpaid Balance
			\$ per	
			\$ per	
			\$ per	
			\$ per	
			\$ per	

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
Have you ever gone through bankruptcy or had a judgment against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of dependents (if "none" check None)	<input type="checkbox"/> <input type="checkbox"/> None	<input type="checkbox"/> <input type="checkbox"/> None
Marital Status (answer only if this financial statement is provided in connection with a request for secured credit or applicant is seeking a joint account)	<input type="checkbox"/> Married	<input type="checkbox"/> Married
	<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Unmarried
	(Unmarried includes single, divorced, widowed)	

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

The undersigned certify that the information contained on this form has been carefully reviewed and that it is true and correct in all respects.

Date

Your signature

Date

Co-Applicant Signature
(if you are requesting the financial accommodation jointly)