

## Confidential Personal Financial Statement

To: **The First National Bank and Trust Company, Newtown, PA 18940**

From:

Name	D.O.B.	Social Security #
Name	D.O.B.	Social Security #
Address		Home Phone #
Email Address		Business Phone #
		Cell Phone #

The following statement of condition, as of \_\_\_\_\_ is submitted for the purpose of procuring, establishing and maintaining credit with you in behalf of the undersigned or persons, firms, or corporations in whose behalf the undersigned may either severally or jointly with others execute a guaranty in your favor. The undersigned warrants that this financial statement is true and correct and that you may consider this statement as continuing, to be true and correct until a written notice of a change is given to you by the undersigned.

Fill all blanks, writing "No" or "None" where necessary to complete.

Assets	Liabilities
<b>Cash:</b>	
Cash in _____ Bank \$ _____	Notes Payable (Sched.G) \$ _____
Cash in _____ Bank _____	Other Payable (Sched.H) _____
Cash in _____ Bank _____	Life Insurance Loan (Sched.B) _____
<b>Total Cash</b> \$ _____	<b>Mortgage Balance (Sched.E)</b> _____
Notes Receivable (Sched.A) _____	<b>Total Liabilities</b> _____
Cash Value Life Ins. (Sched.B) _____	
Stocks-Bonds (Market Value)(Sched. C) _____	<b>NET WORTH</b> _____
Retirement (Sched.D) _____	(Assets - Liabilities)
Real Estate (Value) (Sched.E) _____	
Other Assets (Sched.F) _____	
<b>TOTAL ASSETS</b> \$ _____	<b>TOTAL LIABILITIES &amp; NET WORTH</b> _____

**CONTINGENT LIABILITIES**

- |  |   |
|--|---|
| 1. Are you a co-maker or guarantor on any loans, leases, or contracts? Yes <input type="checkbox"/> No <input type="checkbox"/>  | 4. Have you been through bankruptcy or settled any debts for less than amounts owed? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Are you involved in any pending legal actions? Yes <input type="checkbox"/> No <input type="checkbox"/>                       | 5. Are there any Letters of Credit for which you have a liability in? Yes <input type="checkbox"/> No <input type="checkbox"/>                |
| 3. Are you presently subject to any unsatisfied judgments or tax liens? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |

If yes to any questions describe here:

**Source of Income #1**

Employer \_\_\_\_\_  
 Employers Address \_\_\_\_\_  
 Employers Phone # \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Your Position & Length of Employment \_\_\_\_\_

**Annual Income**

Salary \_\_\_\_\_  
 Bonus & Commissions \_\_\_\_\_  
 Dividends & Interest \_\_\_\_\_  
 Net Rental Income \_\_\_\_\_  
 Other\* \_\_\_\_\_

Total Income \_\_\_\_\_

**Source of Income #2**

Employer \_\_\_\_\_  
 Employers Address \_\_\_\_\_  
 Employers Phone # \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Your Position & Length of Employment \_\_\_\_\_

**Annual Income**

Salary \_\_\_\_\_  
 Bonus & Commissions \_\_\_\_\_  
 Dividends & Interest \_\_\_\_\_  
 Net Rental Income \_\_\_\_\_  
 Other\* \_\_\_\_\_

Total 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 repaying this obligation.





Do (either of) you have a will? \_\_\_\_\_

When is the will dated? \_\_\_\_\_

List Name and Address of Executors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List names and ages of dependents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been audited by the IRS? \_\_\_\_\_

If yes list date and outcome: \_\_\_\_\_

\_\_\_\_\_

Have you been, or are you now, involved in Bankruptcy proceedings (within previous 7 years) \_\_\_\_\_

If yes explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have disability insurance? \_\_\_\_\_ If yes, describe policy (benefits per month, when do benefits

start, etc.): \_\_\_\_\_

\_\_\_\_\_

Are you a partner or do you have any interest in any other business or venture other than mentioned above? \_\_\_\_\_

If yes give details: \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE CAREFULLY**

For the purpose of obtaining and/or maintaining credit for the Undersigned (the person or persons signing below) or another person or persons, with The First National Bank, the Undersigned submits the above information as being a true, accurate statement of their financial condition as of the date shown. The Undersigned agree that the Bank may at its discretion make whatever inquiries it deems necessary in connection with the information contained herein or in the course of review or collection of any credit extended in reliance on this information. The Undersigned authorize any person or Consumer Reporting Agency to compile and furnish to the Bank any information it may have or obtain in response to such credit inquiries. The Bank is authorized to answer questions from others concerning the Bank's credit experience with the Undersigned.

The Undersigned agree to notify the Bank immediately of any change in their financial condition which would adversely affect their ability to repay any of their obligations to the Bank according to terms. Should the Bank learn of such an adverse change without notice from the Undersigned, or should any of the information in the above statement be untrue or misleading or materially incomplete, the Undersigned agree that all their indebtedness, jointly or severally, to the Bank and all indebtedness of another to the Bank which is guaranteed by the Undersigned, may at the Bank's election become immediately due and payable without notice.

Unless the Bank itself learns otherwise, or is notified otherwise by the Undersigned, it is understood that the Bank may continue to rely upon the information herein as a true, accurate statement of the financial condition of the Undersigned. In the event of a continuing obligation or guaranty to the Bank, the Undersigned agree to supply such current financial or other information as the Bank may reasonably request from time to time. This and all such financial statements shall become the property of the Bank.

**EACH PARTY TO THE STATEMENT MUST SIGN BELOW**

SIGNATURE: \_\_\_\_\_ (SEAL) DATE SIGNED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ (SEAL) DATE SIGNED: \_\_\_\_\_