



Personal Financial Statement

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Statement Date: _____

APPLICANT INFORMATION

Name	SS#	DOB	Marital Status	# Dep
Home Address	City	State	Zip	Phone
Employer	How Long?	Business Address		
Phone	Occupational/Title			

CO-APPLICANT INFORMATION

Name	SS#	DOB	Marital Status	# Dep
Home Address	City	State	Zip	Phone
Employer	How Long?	Business Address		
Phone	Occupational/Title			

SECTION A: ASSETS

Cash	(Schedule 1)	
Marketable Securities	(Schedule 2)	
Non-Marketable Securities	(Schedule 3)	
Investments in Partnerships	(Schedule 4)	
Real Estate (Residence)	(Schedule 5)	
Real Estate (Other)	(Schedule 5)	
IRAs, KEOGHS & Other	(Schedule 6)	
Vehicles		
Jewelry, Art Collections		
Other Personal Property		
Other Assets (list below)		
1		
2		
3		
Total Assets		

SECTION B: LIABILITIES

Real Estate/Mortgages Payable	(Schedule 5)	
Notes Payable	(Schedule 7)	
Margin Debt Due Brokers	(Schedule 2)	
Partnership Related Debt	(Schedule 4)	
Taxes Payable		
Credit Card Debt		
Other Personal Liabilities not stated above		
Total Liabilities		
Net Worth (Total Assets - Total Liabilities)		
Total Liabilities + Net Worth		

SECTION C: CASH INCOME & CASH EXPENSE INFORMATION*

Annual Cash Income	Year:	
Gross Wages/Salaries		
Commissions, Bonuses, Etc.		
Partnership Draws		
Partnership Distributions		
Interest & Dividends		
Rental Income		
Total Cash Income		

Annual Cash Expenses	Year:	
Real Estate/Mortgage Payments		
Scheduled Principal/Interest Payments		
Income Taxes		
Partnership Contributions		
Other Taxes (Real Estate, etc.)		
Living Expenses and Misc.		
Rental Expenses		
Other Anticipated Payments (Tuition, etc.)		
Total Cash Expenses		
Net Cash Flow (Income - Expenses)		

*Income from 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. List all assumptions on page 4 under Additional Comments and describe any significant expected changes in your cash income or your cash expenses.

In the following statement, the words "I", "me", and "my" mean anyone signing below. "You" and "your" refer to Ion Bank. I have given you this financial statement, and attachments, if any, in order to obtain credit or services from you. I understand that you will rely on this information in connection with any decision you make in providing credit or services to me. I warrant and represent to you that this financial statement and any other information I may supply to you is correct and fully and accurately discloses all of my assets and liabilities including, but not limited to, my contingent liabilities, cash income, and cash expenses as of the date I provide this information to you. All appraisals and similar indications of value relating to my assets which are available to me as of this date are attached for your review. You may assume that my financial condition is as least as good as shown on this statement until I provide to you another updated financial statement. You may request information about me from others including an investigative consumer report and you may request a consumer credit report about me in connection with this statement for credit or services. If I ask you, you will tell me if a consumer credit report has been requested and will also tell me the name and address of the reporting agency. I give you my permission to obtain additional consumer credit reports and investigative consumer reports without telling me should you update, renew, extend, or review my credit or other service arrangements with you. You may also share and all other permitted or required by law. I understand that in the event any information contained in this statement is incorrect, false, or misleading and you incur a loss, you may file a Criminal Referral Form as may be requested or required by your supervisory agency. I also understand that knowingly providing false or misleading information in this financial statement is a federal offense that may subject me to (18 USC Section 1014)

ATTENTION: CONTINGENT OBLIGATIONS SCHEDULE MUST BE COMPLETED. IF NONE, THEN WRITE NONE ON THE SCHEDULE

Signature _____ Date _____ Signature _____ Date _____

INSURANCE

VEHICLES	HOME/REAL ESTATE	LIFE/DISABILITY
Insurance Co.	Insurance Co.	Insurance Co.
Policy No.	Policy No.	Policy No.
Coverage	Coverage	Coverage
		Face Value
		Cash Value
Agent Name	Agent Name	Agent Name
Phone #	Phone #	Phone #

Attorney: _____ Address: _____

Accountant: _____ Address: _____

Investment Broker: _____ Address: _____

1. Are you a defendant in any suits or legal actions?
 If yes, explain on additional sheet.

2. Income Tax Returns filed through (date): _____ Are any returns being audited or contested?
 If yes, what year(s)? _____

3. Have you drawn a will? _____ If yes, year drawn: _____ Executor/trix: _____

4. Do you have a line of credit or unused line of credit at any other institution?
 If yes, indicate how much and where.

5. Have you ever filed a petition in bankruptcy or has one been filed involuntarily against you?
 If yes, explain on additional sheet.

6. Are you an Executive Officer, Director or Principal Shareholder of a bank?
 If yes, name of bank.

7. Are you a U.S. citizen? _____ If no, form of ID? _____

Additional information, if applicable:

