PERSONAL FINANCIAL STATEMENT AS OF _____
DATE

SUBMITTED TO FIRST NATIONAL BANK OF BASTROP

PERSONAL INFORMATION					
APPLICANT (NAME)			CO-APPLICANT (NAME)		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.	No. of Years with Employer	Title/Position	Business Phone No.	No. of Years with Employer	Title/Position
Name of previous employer & position (if with current employer less than 3 yrs.)			Name of previous employer & position (if with current employer less than 3 yrs.)		
Home Address			Home Address		
Home Phone No.	Social Security No.	Date of Birth	Home Phone No.	Social Security No.	Date of Birth
Loan Purpose			Amount Requested		
☐ Individual Credit - relying solely on my income or assets		☐ Individual Credit - relying on my income or assets as well as income or assets from other sources			☐ Joint Credit

Cash Income & Expenditures Statement for Year Ended _____ (Omit cents)

ANNUAL INCOME	AMOUNT ($)		ANNUAL EXPENDITURES	AMOUNT ($)
Salary (Applicant)			Federal Income and Other Taxes	
Salary (Co-Applicant)			Rental Payments, Co-op, or Condo Maintenance	
Bonuses & Commissions (Applicant)			Mortgage Payments Residential Investment	
Bonuses & Commissions (Co-Applicant)			Property Taxes Residential Investment	
Rental Income (Gross)			Interest & Principal Payments on Loans *(other than mortgage)*	
Interest Income			Insurance	
Dividend Income			Investments (including tax shelters)	
Capital Gains			Alimony/Child Support	
Partnership Income			Tuition	
Other Investment Income			Other Living Expense	
Other Income (List)**			Medical Expenses	
			Other Expense (List)	
Total Income →	**$**		**Total Expenditures →**	**$**

Any significant changes expected in the next 12 months ☐ Yes (if yes, attach information) ☐ No

** 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.

Date of valuation

- Round all amounts to the nearest $100
- Attach separate sheet if you need more space to complete detail schedule

Assets *(assets you own)*	Amount	Liabilities *(debts you owe)*	Amount
Cash in this bank: Checking		Loans payable to banks *(schedule 7)*	
Savings		Loans payable to others *(schedule 7)*	
C.D.s		Installment contracts payable *(schedule 7)*	
IRA		Amounts due to dept. stores and others	
Cash in other banks		Credit cards *(MasterCard, Visa & others)*	
Cash on hand			
Due from friends, relatives and others *(schedule 1)*		Income taxes payable	
Contract or Notes Receivable *(schedule 2)*		Other taxes payable	
Securities owned/Retirement accounts *(schedule 3)*			
Cash surrender value of life insurance *(schedule 4)*		Loans on life insurance *(schedule 4)*	
Real estate *(schedule 5)*			
Automobiles *(year, make, model)*		Mortgage on homestead *(schedule 6)*	
		Mortgage or liens on other real estate owned *(schedule 6)*	
		Contracts for deed *(schedule 6)*	
Personal property			
		Other liabilities *(detail)*	
Other assets *(detail)*			
		TOTAL LIABILITIES	
		Net worth *(total assets less total liabilities)*	
TOTAL		**TOTAL**	

CONTINGENT LIABILITIES	**YES**	**NO**	**AMOUNT**
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?	☐	☐	**$**
Do you have any outstanding letters of credit or surety bonds?	☐	☐	**$**
Are there any suits or legal actions pending against you?	☐	☐	**$**
Are you contingently liable on any lease or contract?	☐	☐	**$**
If yes for any of the above, give details:			

SCHEDULE 1 DUE FROM FRIENDS, RELATIVES AND OTHERS

Name of debtor	Owed to	Collateral	Min Pmt Due	Maturity date	Unpaid balance
			$ per		
			$ per		
			$ per		
				TOTAL	

SCHEDULE 2 CONTRACTS OR NOTES RECEIVABLE

Name of debtor	Type of property	1st or 2nd lien	Owed to	How payable	Unpaid balance
				$ per	
				$ per	
				$ per	
				$ per	
				TOTAL	

SCHEDULE 3 SECURITIES OWNED/RETIREMENT ACCOUNTS

No. shares or Bond amount	Description	In whose name(s) 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 and type of property	Title in name(s) of	Monthly Income	Cost/Year acquired	Present Market value	Amount of insurance
1. Homestead			$		
			Year:		
2.			$		
			Year:		
3.			$		
			Year:		
4.			$		
			Year:		

SCHEDULE 6 MORTGAGES OR LIENS ON REAL ESTATE

To whom payable	Minimum Payment Due	Interest rate	Maturity date	Unpaid balance
1. Homestead	$ per			
2.	$ per			
3.	$ per			
4.	$ per			

SCHEDULE 7 LOANS PAYABLE TO BANKS & OTHERS AND INSTALLMENT CONTRACTS PAYABLE

To whom payable	Collateral		Min Pmt Due	Maturity date	Unpaid balance
			$ per		
			$ per		
			$ per		
			$ per		
			$ per		
			$ per		
			$ per		
			$ per		

	APPLICANT	CO-APPLICANT
Have I ever gone through bankruptcy or had a judgment against me?	☐ Yes ☐ No	☐ Yes ☐ No
Are any assets pledged or debts secured except as shown?	☐ Yes ☐ No	☐ Yes ☐ No
Have I made a will?	☐ Yes ☐ No	☐ Yes ☐ No
Number of dependents (if none, check "None")	_____ ☐ None	_____ ☐ None
Marital status Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.	☐ Married ☐ Separated ☐ Unmarried (Unmarried includes single, divorced, widowed)	☐ Married ☐ Separated ☐ 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 My signature

_____ _____

Date Other signature (where applicable)

☐ We intend to apply for joint credit. _____ _____

Applicant Co-Applicant