Personal Financial Statement

Lender:	First Madison Valley Bank			Financial Condition as of:		
	Applicant	Co-Applicant			Applicant	Co-Applicant
Name:				# Depend:		
Address:				Employer:		
City, St, Zip:				Occupation:		
Soc Sec #:				Hm Phone:		
DOB:				Wk Phone:		
Email:				Email:		

CHECK AS APPLICABLE - Applicant is applying for this loan:

☐ ALONE, without a co-borrower, co-signor, guaranty or other person(s) or entity.

☐ WITH A PERSON OR PERSONS who will be contractually liable.

Names of other person(s):

Has any of your property been transferred to a trust?

Explain trust and Trustee(s):

*If any of the assets listed on this statement are property of a trust identify and attach listing sheet.

ASSETS			LIABILITIES		$ Total Liabilities	$ Mo. PMT Amount
Cash	On Hand:		Notes Payable To Banks	Schedule D		
	Deposits w/ Lender:			Payable to this Lender:		
	Other Banks:_____			Other Lenders:_____		
	Schedule B		Other Notes & Accts Pay	Schedule D		
Stocks,	Listed:			Contract Purchases:		
Bonds &	Unlisted:			Open & Revolving Accts:		
Investments	Vested Retirement:			Other:		
Notes,	Schedule C					
Contracts &			Taxes Payable	Income Taxes:		
Accts Rec.				Real Estate Taxes:		
Life Ins.	Cash Value:		Real Estate Notes & Contracts Payable	Schedule D		
Real Estate	Schedule A			Residences:		
	Residence:			Bare Land:		
	Bare Land:			Income Property:		
	Income Property:			Other:		
	Other:		Other Liabilities	Schedule D		
Other Personal Property	Schedule E			Life Insurance Loans:		
	Autos & Trucks:			Retirement Acct Loans:		
	Furniture & Fixtures:			Business:		
	Other:					
Other Assets	Schedule E					
	Business:					
				Total Liabilities		
				Net Worth		
	Total Assets			Total Assets & Liab.		

RECAP OF INCOME AND EXPENSES

ANNUAL INCOME FOR YEAR_____		ANNUAL EXPENSES FOR YR_____		CONTINGENT LIABILITIES	
Salary / Wages		Property Taxes/Asse		Endorser - Notes/Contracts	
Bonuses		R/Estate Loan Pay		Guarantor-Notes/Contracts	
Dividends / Int.		Payments on Notes		Taxes	
Rents (Gross)		Est. Living Expenses		Other (describe)	
Business (Net)					
Other Inc:		Other Exp:			
TOTAL INCOME		TOTAL EXPENSES	$0	TOTAL	

*Alimony, child support or separate maintenance payment income need not be revealed if not considered as a basis for repaying this obligation.

LIFE INSURANCE

Owner	Insured	Beneficiary	Amount	Company

APPLICANT(S)' SIGNATURE(S)

I/ we affirm that the information contained in this application is true, complete and correct and that the lender is relying on this information if it makes the requested loan. Lender is authorized to make any investigation of my/our credit and/or employment status either directly or through any agency employed by Lender. Lender may disclose to any other interested parties Lender's experience with my/our loan account. Lender may keep this application even if it decides not to make the loan to me/us.

Applicant

X Date:

Co-Applicant

X Date:

CONSENT (If you are relying on income from a person not on the above application, have person complete this section for credit verification.)
I authorize Lender to make any investigation of my credit either directly or through an agency employed by Lender for the purpose connected to this credit application.

Date: Signature: Social Security #

With each list below indicate co-ownership, if any, and the extent.

SCHEDULE A - LIST OF REAL ESTATE AND IMPROVE. (show mortgage info in SchedD)

Type and Location of Property	Date Aquired	Title in Name of	Lien Holder	% You Own	Annual Taxes	Monthly Rent	Original Cost	Present Market Val.
					Total Real Estate Owned:			

SCHEDULE B - STOCKS, BONDS & INVESTMENTS

Number of Shares	Description-Rate-Maturity If Pledged, To Whom	How Registered	Book Value	Market Value
		Total Stocks, Bonds, Inv. Owned:		

SCHEDULE C - NOTES, CONTRACTS AND ACCOUNTS RECEIVABLES

Due From (names)	Date of Obligation	Original Balance	Current Balance	Payment Terms	Due Date	Description of Collateral (if any)
Total Accounts Receivable:						

SCHEDULE D - NOTES, CONTRACTS AND ACCTS PAY (include property listed on Sched A)

Due to (names)	Date Occurred	Original Balance	Current Balance	Payment Terms	Due Date	Description of Collateral (if any)
Total Accounts Payable:						

SCHEDULE E - DETAIL LIST OF IMPORTANT ASSETS

Items	Estimated Curr. Value	Items	Estimated Curr. Value	Items	Estimated Curr. Value
Sub total of Assets:		Sub Total of Assets:		**Grand Total of Assets:**	