

Personal Financial Statement

AS OF _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____ SOCIAL SECURITY NO. _____

_____ RESIDENCE PHONE _____

POSITION OR OCCUPATION _____

BUSINESS NAME _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

This is a(n) Individual financial statement. Joint financial statement. If joint, complete the following:

JOINT NAME _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____

POSITION OR OCCUPATION _____

BUSINESS NAME _____

BUSINESS ADDRESS _____ BUSINESS PHONE _____

YOU MAY APPLY FOR CREDIT INDIVIDUALLY OR JOINTLY WITH ANOTHER PARTY.

If you are applying for joint credit with another party, use separate financial statement if borrowers are not joint applicants. Reflect in this statement your personal financial condition as well as the financial condition of your spouse if:
 1. You are applying for credit jointly with your spouse, or
 2. You are relying on your spouse's income or assets in requesting credit, or
 3. You are providing this statement to support previously extended joint credit with your spouse.

* List all amounts in dollars. Omit cents.

ASSETS	AMOUNT	LIABILITIES AND NET WORTH	AMOUNT
Dep. in Banks & Other Fin. Inst. (Sch. 1)		Accounts Payable	
Cash Value of Life Insurance (Sch. 2)		Loans on Life Insurance (Sch. 2)	
Notes and Accounts Receivable		Taxes Due - Income	
Marketable Stocks & Bonds (Sch. 3)		Loans Due BB&T	
Stock in Closely Held Corporations (Sch. 4)		Liabilities of Proprietorships	
Assets of Proprietorships		Liab. of Partnerships/Joint Ventures	
Assets of Partnerships & Joint Ventures		Loans on Vehicles, Boats, Mach. & Equip. (Sch. 5)	
Vehicles, Boats, Machinery & Equipment (Sch. 5)		Loans on Real Estate (Sch. 6)	
Real Estate (Sch. 6)		Other Loans Payable (Sch. 9)	
Vested Interest in Pension/Retirement Accts. (Sch. 7)		Other Liabilities	
Other Assets (Sch. 8)			
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities & Net Worth	

Please complete all appropriate schedules. If space is inadequate, attach an additional sheet.

ACCOUNT# / NOTE#

Schedule 1

DEPOSIT ACCOUNTS

NAME OF BANK; SAVINGS AND LOAN, ETC., AND LOCATION	DEMAND DEPOSITS	TIME DEPOSITS	NAME OF BANK, SAVINGS AND LOAN, ETC., AND LOCATION	DEMAND DEPOSITS	TIME DEPOSITS
TOTAL					

Schedule 2

LIFE INSURANCE

NAME OF PERSON INSURED	FACE AMOUNT	CASH VALUE	POLICY LOANS	POLICY ASSIGNED?	NAME OF PERSON INSURED	FACE AMOUNT	CASH VALUE	POLICY LOANS	POLICY ASSIGNED?
TOTAL									

Schedule 3

MARKETABLE STOCKS AND BONDS (NYSE, AMEX, NASDAQ)

NUMBER OF SHARES/FACE VALUE (BONDS)	DESCRIPTION	REGISTERED IN NAME OF	TO WHOM PLEDGED	DATE ACQUIRED	COST	MARKET VALUE
TOTAL						

Schedule 4 STOCK IN CLOSELY-HELD CORPORATIONS (Please provide F/S if total value exceeds 10% of your Net Worth)

NAME OF CORPORATION	STOCK IN NAME OF	NUMBER OF SHARES OWNED	VALUE OF SHARES OWNED	ANNUAL STATEMENT DATE	TOTAL SHARES OUTSTANDING	STOCKHOLDERS EQUITY
TOTAL						

Schedule 5

VEHICLES, BOATS, MACHINERY, AND EQUIPMENT

DESCRIPTION (INCLUDE YEAR, MAKE, AND MODEL)	YEAR ACQUIRED	COST	MARKET VALUE	LOAN BALANCE	LOAN PAYABLE TO	HOW PAYABLE
						per
						per
						per
						per
						per
						per
						per
						per
						per
TOTAL						per

SOURCES OF INCOME	CONTINGENT LIABILITIES
FOR YEAR ENDED _____ (Attach a copy of your most recent Income Tax Return.)	Are you indirectly liable for obligations of others? If so, list and describe. If the obligation is for a business or if you need additional space, list and describe on Attachment A.
	Name: Amount: Description:
Salaries - Yours \$ _____	Name: Amount: Description:
_____ - Joint Applicant, if applicable	
Bonuses & Commissions	
Dividends	
Interest	
Net Profits from:	Total amount as endorser, comaker, or guarantor \$ _____ Total amount on leases or contracts \$ _____
_____ Rental Property	PERSONAL INFORMATION
_____ Proprietorships	Number of Dependents _____ Ages _____
_____ Partnerships	Are you obligated to pay alimony, child support or separate maintenance payments? If so, provide details.
_____ Joint Ventures	Are you a defendant in any suits or legal actions? If so, describe.
Other 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)	Have you ever declared bankruptcy or had any judgments recorded against you? If so, explain circumstances.
	Date: _____ City: _____ County: _____ State: _____ Amount: Description:
	Do you have a will? If so, who is the executor?
	Do you have disability insurance? If so, what is the monthly amount? What years are covered?
TOTAL INCOME \$ _____	

THE UNDERSIGNED HAVE READ AND FULLY UNDERSTAND THE FOREGOING REPRESENTATIONS AND WARRANTIES.

DATE _____

YOUR SIGNATURE _____

DATE _____

JOINT SIGNATURE (if joint financial statement) _____

This statement received by: _____

Date _____