

**PERSONAL FINANCIAL STATEMENT AS OF:**

\_\_\_\_\_ Date

SUBMITTED TO: SKOWHEGAN SAVINGS BANK

| PERSONAL INFORMATION  |                     |                |   |                     |                |
|---|---------------------|----------------|---|---------------------|----------------|
| APPLICANT (NAME)  |                     |                | CO-APPLICANT (NAME)   |                     |                |
| Employer  |                     |                | Employer  |                     |                |
| Address of Employer   |                     |                | Address of Employer   |                     |                |
| Business Phone No.  | Years with Employer | Title/Position | Business Phone No.  | Years with Employer | Title/Position |
| Name of previous employer & position (if current is less than 3 yrs.) |                     | No. of Yrs.    | Name of previous employer & position (if current is less than 3 yrs.) |                     | No. of Yrs.    |
| Home address  |                     |                | Home address  |                     |                |
| Home Phone No.  | Social Security No. | Date of Birth  | Home Phone No.  | Social Security No. | Date of Birth  |
| Name, Phone No. of your Accountant                                    |                     |                | Name, Phone No. of your Accountant                                    |                     |                |
| Name, Phone No. of your Attorney                                      |                     |                | Name, Phone No. of your Attorney                                      |                     |                |
| Name, Phone No. of your Investment Advisor/Broker                     |                     |                | Name, Phone No. of your Investment Advisor/Broker                     |                     |                |
| Name, Phone No. of your Insurance Advisor                             |                     |                | Name, Phone No. of your Insurance Advisor                             |                     |                |

Cash Income & Expenditures Statement for Year Ended \_\_\_\_\_

| ANNUAL INCOME                        | AMOUNT(S) | ANNUAL EXPENDITURES                          | AMOUNT(S)              |
|--------------------------------------|-----------|--|------------------------|
| Salary (applicant)                   |           | Federal Income and Other Taxes               |                        |
| Salary (co-applicant)                |           | State Income and Other Taxes                 |                        |
| Bonuses & Commissions (applicant)    |           | Rental Payments, Co-op, or Condo Maintenance |                        |
| Bonuses & Commissions (co-applicant) |           | Mortgage Payments                            | Residential Investment |
| Rental Income                        |           | Property Taxes                               | Residential Investment |
| Interest Income                      |           | Interest & Principal Payments on Loans       |                        |
| Dividend Income                      |           | Insurance                                    |                        |
| Capital Gains                        |           | Investments (including tax shelters)         |                        |
| Partnership Income                   |           | Alimony/Child Support                        |                        |
| Other Investment income              |           | Tuition                                      |                        |
| Other Income (List)**                |           | Other Living Expense                         |                        |
|                                      |           | Medical Expenses                             |                        |
|                                      |           | Other Expense (List)                         |                        |
| <b>TOTAL INCOME &gt;</b>             |           | <b>TOTAL EXPENDITURES &gt;</b>               |                        |

Any significant changes expected in the next 12 months?  Yes  No (If yes, attach information).

\*\* 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.



**Schedule B - Insurance**

**Life Insurance** (use additional sheet if necessary)

| Insurance Company | Face Amount of Policy | Type of Policy | Beneficiary | Cash Surrender Value | Amount Borrowed | Ownership |
|-------------------|-----------------------|----------------|-------------|----------------------|-----------------|-----------|
|                   |                       |                |             |                      |                 |           |
|                   |                       |                |             |                      |                 |           |
|                   |                       |                |             |                      |                 |           |

| Disability Insurance             | Applicant | Co-Applicant | Health Insurance - Yes/No | Premium Paid By: |
|----------------------------------|-----------|--------------|---------------------------|------------------|
| Monthly Distribution if Disabled |           |              | Applicant                 |                  |
| Number of Years Covered          |           |              | Co-Applicant              |                  |

**Schedule C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)**

| Personal Residence |  | Legal Owner | Purchase Year | Price | Market Value | Present Loan Balance | Interest Rate | Monthly Payment | Lender |
|--------------------|--|-------------|---------------|-------|--------------|----------------------|---------------|-----------------|--------|
| Property Address   |  |             |               |       |              |                      |               |                 |        |
|                    |  |             |               |       |              |                      |               |                 |        |
|                    |  |             |               |       |              |                      |               |                 |        |
|                    |  |             |               |       |              |                      |               |                 |        |
| Investment         |  | Legal Owner | Purchase Year | Price | Market Value | Present Loan Balance | Interest Rate | Monthly Payment | Lender |
| Property Address   |  |             |               |       |              |                      |               |                 |        |
|                    |  |             |               |       |              |                      |               |                 |        |
|                    |  |             |               |       |              |                      |               |                 |        |
|                    |  |             |               |       |              |                      |               |                 |        |

**Schedule D - Partnerships (less than majority ownership for real estate partnerships)\***

| Type of Investment                     | Date of Initial Investment | Cost | Percent Owned | Current Market Value | Balance Due on Partnerships: Notes, Cash Call | Final Contribution Date |
|--|----------------------------|------|---------------|----------------------|---|-------------------------|
| Business/Professional (Indicate name): |                            |      |               |                      |   |                         |
|  |                            |      |               |                      |   |                         |
|  |                            |      |               |                      |   |                         |
| Investments (Including Tax Shelters):  |                            |      |               |                      |   |                         |
|  |                            |      |               |                      |   |                         |
|  |                            |      |               |                      |   |                         |
|  |                            |      |               |                      |   |                         |
|  |                            |      |               |                      |   |                         |

\*Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s.

**Schedule E - Notes Payable**

| Due to | Type of Facility | Amount of Line | Secured |    | Collateral | Interest Rate | Monthly Payment | Unpaid Balance |
|--------|------------------|----------------|---------|----|------------|---------------|-----------------|----------------|
|        |                  |                | Yes     | No |            |               |                 |                |
|        |                  |                |         |    |            |               |                 |                |
|        |                  |                |         |    |            |               |                 |                |
|        |                  |                |         |    |            |               |                 |                |
|        |                  |                |         |    |            |               |                 |                |
|        |                  |                |         |    |            |               |                 |                |
|        |                  |                |         |    |            |               |                 |                |

**Please Answer The Following Questions:**

- 1 Income tax returns filed through (date): \_\_\_\_\_ Are any returns currently being audited or contested?  Yes  No  
If yes, what year(s)? \_\_\_\_\_
- 2 Have (either of) you or any firm in which you were a major owner ever declared bankruptcy?  Yes  No  
If yes, provide details: \_\_\_\_\_
- 3 Have you drawn a will?  Yes  No  
If yes, please furnish the name of the executor(s) and year will was drawn: \_\_\_\_\_
- 4 Number of dependents (excluding self) and relationship to applicant: \_\_\_\_\_
- 5 Have you ever had a financial plan prepared for you?  Yes  No
- 6 Did you include two years federal and state tax returns?  Yes  No
- 7 Do (either of) you have a line of credit or unused credit facility at any other institution(s)?  Yes  No  
If so, please indicate where, how much, and name of banker: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 8 Do you anticipate any substantial inheritances?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Representations and Warranties**

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or the others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee there of. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement of (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information here in should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature (If you are requesting  
the financial accommodation jointly)