

257 Main Street, PO Box 709 Norwich, CT 06360 · (860)-889-7381 · Fax (860)-889-4779 ·

PERSONAL FINANCIAL STATEMENT

DATE	D AS	OF:			

Personal Information

Applicant (Name)		
Home Address		
Home Phone No.	Cell Phone No.	Date of Birth
Social Security No.	Email Address	
Name of Employer		
Address of Employer		
Business Phone No.	No. of years with Employer	Title/Position
**If with current employer less than 3 years: Name of Previous Employer/Position	No. of years	

Co-Applicant (Name)		
Home Address		
Home Phone No.	Cell Phone No.	Date of Birth
Social Security No.	Email Address	
Name of Employer		
Address of Employer		
Business Phone No.	No. of years with Employer	Title/Position
**If with current employer less than 3 years: Name of Previous Employer/Position	No. of years	

Assets

Liabilities

(Please round amounts to nearest \$100)

Total Assets:	<u>Total Liabilities:</u>
Other Assets	3)
Personal Property	2)
Automobiles	1)
Investment in Limited Partnerships (Sched. 6)	Other Debts (List Below)
Life Insurance (Cash Value only)	Unpaid Taxes, Interest, Etc.
Real Estate Owned – Other (Sched. 5)	Real Estate Mortgages – Other
Real Estate Owned – Residence (Sched. 5)	Real Estate Mortgages – Residence
Retirement Accounts (IRA, 401K)	Auto Loans & Leases
Marketable Secuirites (Sched. 3)	Credit Cards
Accounts & Notes Receivable (Sched. 2)	Notes Payable to Others (Sched. 4)
Cash on Hand in Banks (Sched. 1)	Notes Payable to Banks (Sched. 4)

(Total Assets) \$	= (Total Liabilities) \$ =	(Net Worth) \$	
1.) Are you a guarantor, co-make	r, or endorser of any debt of any individual, c	orporation or partnership? Yes	N
2.) Do you have any outstanding	letters of credit or surety bonds?	100	_ '`
	-	Yes	_ N
3.) Are there any suits or legal ac	tions pending against you?	Yes	_ N
4.) Are you the beneficiary of any	Trust?	Yes	_ N
5.) Do you have a Will of Trust? Executor or Trustee:		Yes	_ N
6.) Income Taxes currently filed the	hrough Yearend date:		
Are any Tax returns beir	ng audited or contested?	Yes	_ N
7.) Have you previously filed for I	bankruptcy?	Yes	_ N
	were previously a major owner of filed for bankru	ptcy? Yes	_ N
8.) Are you a Beneficiary of any T Details:		Yes	 _ N

Schedule 1: Cash (Savings & Checking)							
Acct. Owner	Institution	Account #	Amount				
		Total:					

Schedule 2: Accounts & Notes Receivables					
Name & Address of Payer	Monthly Amount	Total Amount			
	Total:				

Schedule 3: Marketable Securities					
Name of Security	Pledged (Y or N)	# of Shares	Market Value		
		Pledged	Pledged		

Schedule 4: Notes Payable						
List Maker(s), Payee & Address	Monthly Payment	Term	Total Amount			

Schedule 5: Description of Real Estate (Note: Monthly Payment amounts should include Principal, Interest, Taxes, Insurance)							
Title in Name of / Property Address	Property Type	Purchase Price	Date of Purchase	Market Value	Mortgage Holder/ Loan Number	Mortgage Amt.	Monthly Payment

Schedule 6: Limited Partnerships					
Name/Type of Investment	Percent Owned	Date of initial investment	Cost	Current Market Value	Balance Due on Partnerships: Notes, etc.

Authorization

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to 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 to continue credit or to accept a guarantee thereof. Each of the undersigned represents warrants and certifies that the information provided herein is true, accurate 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 or (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 fully 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 herein 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 and all required federal tax returns. This personal financial statement and any other financial or other information that the undersigned gives the bank shall be your property.

Acknowledgement: Each of the undersigned hereby acknowledges that any owner of the Loan, its servicers, successors and assigns, may verify or re-verify any information contained in this statement or obtain any information or data relating to the Loan, for any legitimate business purpose through any source, including a source named in this statement or a consumer reporting agency.

	Intent To Apply for Joint Credit						
	We are submitting this Personal Financial Statement to you ☐ We <u>do</u> intend to apply for joint credit. ☐ We <u>do</u>						
□ V	We are submitting this Personal Financial Statement to you a						
Applicant	: Signature:	Date:					
• • •							
Co-Applic	cant Signature:	Date:					