PERSONAL FINANCIAL STATEMENT

PERSONAL INFORMATION			
APPLICANT		CO-APPLICANT	
Name:	SSN:	Name:	SSN:
Residence Address:		Residence Address:	
City, State Zip:		City, State Zip:	
Phone Number:	DOB:	Phone Number:	DOB:
Email Address:		Email Address:	

ASSETS: Only assets titled directly in the name(s) above should be listed. Please show the dollar value of your interest in assets shared with others under "Other Investments" or "Other Assets." Contingent (indirect) assets (i.e. trusts, vested pension benefits, etc.) may be listed in the space provided below.

LIABILITIES: List all direct liabilities. Please show those joint with others under "Other Liabilities" noting the percentage and dollar amount for which you could be liable. Contingent (indirect) liabilities should be listed in the space provided below.

STATEMENT OF ASSETS AND LIABILITIES as of _____

ASSETS	IN DOLLARS	LIABILITIES	IN DOLLARS
Cash on Hand & in Banks – See Schedule A		Notes Payable to Banks – Secured – See Schedule F	
US Gov't Marketable Securities – See Schedule B		Notes Payable to Banks – Unsecured – See Schedule F	
Restricted or control stock (retirement)		Due to Brokers – See Schedule F	
Partial Interest in Real Estate Equities – See Schedule C		Amounts payable to others – Secured – See Schedule F	
Real Estate Owned – See Schedule D		Amounts payable to others – Unsecured – See Schedule F	
Loans Receivable		Accounts and Bills Due	
Automobiles and other personal property		Unpaid Income Tax	
Cash Value-Life Insurance – See Schedule E		Other Unpaid Taxes and Interest	
Other Assets – Itemize		Real Estate Mortgages Payable – See Schedule D	
		Other Debits – Itemize	
		TOTAL LIABILITIES	$
		NET WORTH (Total Assets minus Total Liabilities)	$
TOTAL ASSETS	$	TOTAL LIABILITIES AND NET WORTH	$

*Specify Cost or Market Value applicable. Please do not include leased items.

STATEMENT OF INCOME AND EXPENDITURES 12-Month Period Ending On _____

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.

ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES		AMOUNT
Salary (Applicant):		Federal Income & Other Taxes		
Salary (Co-Applicant):		State Income & Other Taxes		
Bonuses & Commissions:		Rental Payments, Co-op or Condo Maintence		
Bonuses & Commissions (Co-Applicant):		Mortgage Payment	RESIDENTIAL INVESTMENT	
Rental Income:		Property Taxes	RESIDENTIAL INVESTMENT	
Other Income: (List)		Interest & Principal Payments on Loans		
		Other Expenses: (List)		
TOTAL INCOME	$	TOTAL EXPENDITURES		$

(USE ADDITIONAL SCHEDULES, IF NECESSARY)

CONTINGENT LIABILITIES

Do you have any contingent liabilities? If so, describe. ☐ Yes ☐ No

As indorser, co-maker or guarantor?	$
On leases or contracts?	$
Legal claims	$
Other special debt	$
Amount of contested income tax liens	$

PERSONAL INFORMATION

Do you have a will? ☐ Yes ☐ No Name of Executor _____

Are you a partner or officer in any other venture? If so, describe.

_____

Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe.

_____

Are any assets pledged other than as described on schedules? If so, describe.

_____

Income Taxes settled through (date) _____

Personal bank accounts carried at _____

Have you, or any affiliated entity, ever declared bankruptcy? If so, describe.

_____

SCHEDULE A-CHECKING, SAVINGS, CDS AND MONEY MARKET ACCOUNTS

Type Of Account	Name Of Institution	In The Name Of	Balance Or Value

SCHEDULE B-FULLY MARKETABLE (i.e. Registered and Traded) STOCKS, BONDS, TREASURY BILLS, etc.

SCHEDULE C-PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & Type of Property	Titled in Name(s) of	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Balance & Mo. Payment

SCHEDULE D-REAL ESTATE OWNED

Address & Type of Property	Titled in Name(s) of	Date Acquired	Original Cost	Market Value	Mortgage Balance	Mortgage Maturity	Monthly Payment

SCHEDULE E-LIFE INSURANCE CARRIED (Include "G.L." and Group Insurance)

Insurance Company	Policy Owner	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value	If assigned to whom?

SCHEDULE F-BANKS, BROKERS, OR FINANCE COMPANIES AND OTHERS WHERE CREDIT HAS BEEN OBTAINED

Name & Address of Lender	Credit in the Name of	Secured or Unsecured	Original Date	High Credit	Current Balance	Collateral Decription	Purpose

PLEASE NOTE CAREFULLY

For the purpose of obtaining and/or maintaining credit for the undersigned (The person or persons signing below) or another person or persons with Firstrust Savings Bank (the "Bank"), the Undersigned submit the above information as being true, accurate statement of their financial condition as of the date shown. The Undersigned agree that the Bank may at its discretion make whatever inquiries it deems necessary in connection with the information contained herein or in the course of review or collection of any credit extended in reliance on this information. The Undersigned authorize any person or Consumer Reporting Agency to compile and furnish to the Bank any information it may have or obtain in response to such credit inquiries. The Bank is authorized to answer questions from others concerning the Bank's credit experience with the Undersigned.

The undersigned agree to notify the Bank immediately of any change in their financial condition which would adversely affect their ability to repay any of their obligations to the Bank according to terms. Should the Bank learn of such an adverse change without notice from the Undersigned or should any of the information in the above statement be untrue or misleading or materially incomplete, the Undersigned agree that all the indebtedness, jointly or severally, to the Bank which is guaranteed by the Undersigned, may at the Bank's election become immediately due and payable without notice.

Unless the Bank itself learns otherwise, or is notified otherwise by the Undersigned, it is understood that the Bank may continue to rely upon information herein as true, accurate statement of the financial condition of the Undersigned. In the event of a continuing obligation or gurantee to the Bank, the Undersigned agree to supply such current financial or other information as the Bank may reasonable request from time to time. This and all such financial statements shall become the property of the Bank.

We intend to apply for joint credit. (Initials) _____

APPLICANT	CO-APPLICANT
Signature: _____ Date _____	Signature: _____ Date _____