



PERSONAL FINANCIAL STATEMENT AS OF _____
Submitted to Resurgens Bank

Name:(Individual 1) _____ Address: _____ City: _____ State: _____ Zip _____ Home Ph# _____ Work Ph# _____ Soc. Sec. #: _____ D/O/B _____	If Joint Statement: Name: (Individual 2) _____ Address: _____ City: _____ State: _____ Zip _____ Home Ph# _____ Work Ph# _____ Soc. Sec. #: _____ D/O/B _____ Relationship To Individual 1: _____
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Note: If there is a joint party to this financial statement who is either borrowing or guaranteeing the credit under consideration, the columns titled "Solely Owned-Individual 2" and "Solely Liable Individual 2" must be filled out.

ASSETS	SOLELY OWNED		JOINTLY	TOTAL
	INDIVIDUAL 1	INDIVIDUAL 2	OWNED	
Cash (includes CD's, Money Markets) (Schedule 1)				
Government & Readily Marketable Securities (Schedule 2)				
Non-marketable Securities (Schedule 3)				
Notes and Accounts Receivable (Schedule 4)				
Cash Value of Life Insurance (Schedule 5)				
Personal Residence(s) (Schedule 6)				
Other Investment Real Estate (Schedule 6)				
Personal Property Automobiles				
Ira's, Keoghs & Other Qualified Retirement Funds				
Other Assets (Describe)				
TOTAL ASSETS	\$	\$	\$	\$

LIABILITIES & NET WORTH	SOLELY LIABLE		JOINTLY	TOTAL
	INDIVIDUAL 1	INDIVIDUAL 2	LIABLE	
Notes Payable to Banks - secured (Schedule 7)				
Notes Payable to Banks - unsecured (Schedule 7)				
Notes Payable to Others - secured (Schedule 7)				
Notes Payable to Others - unsecured (Schedule 7)				
Margin Accounts (Schedule 2)				
Accounts Payable (Include credit cards) (Schedule 7)				
Real Estate Mortgages Payable (Schedule 6)				
Taxes Payable (Describe) Settled through:				
Loans on Life Insurance Policies (Schedule 5)				
Other Liabilities* (List)				
TOTAL LIABILITIES	\$	\$	\$	\$

NET WORTH (Subtract Total Liabilities from Total Assets)	\$	\$	\$	\$
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*Note: Contingent Liabilities Schedule 8 must be completed. If none, then write "none" on the Schedule.

CASH INCOME & EXPENSE STATEMENT FOR THE YEAR ENDED – 20__

SOURCES OF ANNUAL INCOME			ANNUAL EXPENDITURES		
	INDIVIDUAL 1	INDIVIDUAL 2		INDIVIDUAL 1	INDIVIDUAL 2
Wages and Salaries			Mortgage/Rent-Residence(s)		
Bonuses, Commissions, etc.			All other Debt Service		
Interest & Dividends			State & Federal Income Taxes		
Rental Income (Net of Expense)			Alimony/Child Support		
Partnership Draws, Distributions			Tuition		
Other Trust Accts			Insurance		
			Living Expenses		
			Other		
TOTAL CASH INCOME		\$	TOTAL ANNUAL EXPENSE	\$	\$

Note: If source of income or monthly expenditure is joint, place a "J" in the appropriate box next to the amount. Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for obtaining credit.

If the space provided is not sufficient, additional schedules may be attached.

To indicate ownership in these schedules, circle 1, 2 or J in the appropriate space to indicate Individual 1, Individual 2 or Joint, respectively

SCHEDULE 1 - CASH (includes CD's, Money Markets)

NAME AND LOCATION OF INSTITUTION	ACCOUNT TYPE & NUMBER	BALANCE	OWNED BY	PLEDGED?
			1 2 J	YES / NO
			1 2 J	YES / NO
			1 2 J	YES / NO
			1 2 J	YES / NO
			1 2 J	YES / NO
TOTAL				

SCHEDULE 2 - GOVERNMENT AND READILY MARKETABLE SECURITIES

FACE VALUE OR # SHARES	OWNED BY	DESCRIPTION	COST	CURRENT MARKET VALUE	AMOUNT PLEDGED
	1 2 J		\$	\$	\$
	1 2 J			\$	
	1 2 J			\$	
	1 2 J				
	1 2 J				
TOTALS					

SCHEDULE 3 - NON-MARKETABLE SECURITIES

# SHARES OWNED	% OF TOTAL SHARES	OWNED BY	DESCRIPTION	VALUE	AMOUNT PLEDGED
		1 2 J			\$
		1 2 J			
TOTALS					

SCHEDULE 4 - NOTES AND ACCOUNTS RECEIVABLE

DUE FROM	DUE TO	ORIGINAL AMT.	CURRENT AMT.	SECURED?	COLLATERAL	PAYMENT TERMS
	1 2 J	\$	\$	YES/NO		
	1 2 J			YES/NO		
TOTALS						

SCHEDULE 5 - LIFE INSURANCE

INSURANCE CO	OWNED BY	BENEFICIARY	FACE VALUE	CASH VALUE	POLICY LOANS	AMOUNT PLEDGED
	1 2 J			\$	\$	\$
	1 2 J					
	1 2 J					
	1 2 J					
TOTALS						

SCHEDULE 6 - REAL ESTATE (If partially owned, give total property information, not just your share)

DESCRIPTION & LOCATION	OWNED BY	%	DATE ACQUIRED	COST	VALUE	MORTGAGE BALANCE	MONTHLY PAYMENT	NET YEARLY CASH FLOW*
	1 2 J							\$
	1 2 J							
	1 2 J							
	1 2 J							
	1 2 J							
	1 2 J							
TOTALS								

*Cash Flow is defined as total cash income less debt service, taxes and other cash expenses.

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To indicate ownership in these schedules, circle 1, 2 or J in the appropriate space to indicate Individual 1, Individual 2 or Joint, respectively

SCHEDULE 7- NOTES PAYABLE AND ACCOUNTS PAYABLE *(Exclude debt reported in Schedule 6)*

DUE TO	OBLIGOR	ORIGINAL AMOUNT	CURRENT BALANCE	PAYMENT TERMS	COLLATERAL
	1 2 J				
	1 2 J				
	1 2 J				
	1 2 J				
TOTALS					

SCHEDULE 8 – CONTINGENT LIABILITIES

BORROWING ENTITY	DUE TO	OBLIGOR	LOAN TYPE	LOAN AMOUNT	CURRENT BALANCE	PAYMENT TERMS	COLLATERAL
		1 2 J					
		1 2 J					
		1 2 J					
		1 2 J					
TOTALS							

PERSONAL INFORMATION

♦ Employer:	♦ Have you drawn a will? <input type="checkbox"/> Yes <input type="checkbox"/> No
Title/Position: # of years	Executor/trix
♦ Accountant/Phone#	♦ Have you personally, or any business in which you were an officer, principal or partner ever filed a petition in bankruptcy or has one been filed individually against you? <input type="checkbox"/> Yes <input type="checkbox"/> No
♦ Number of Dependents: Ages:	
♦ Are you a defendant in any suits or legal actions? <input type="checkbox"/> Yes <input type="checkbox"/> No	♦ Are you an Executive Officer, Director, or Principal Shareholder of a bank? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	If yes:
♦ Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bank Name:
If No, Status:	♦ Do you have any Tax Claims or Disputes? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, describe:

The information set forth above is true and correct and is provided to Resurgens Bank ("Bank") for the purpose of obtaining or maintaining credit or other financial accommodations. The undersigned acknowledge and understand that the Bank is relying on the information provided to make a credit decision. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. **Any willful misrepresentation could result in a violation of FEDERAL LAW.** Each of the undersigned agrees to notify the Bank immediately and in writing of any material change in any of the information contained in this statement. The Bank is authorized to confirm any of the information set forth above and any person having knowledge regarding such information is hereby authorized to disclose that information to the Bank. I hereby authorize the Bank from time to time to obtain credit reports on me, to furnish information regarding its credit experience with me to credit reporting agencies and other persons, and to provide copies of this financial statement to its affiliates. 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 information that the undersigned gives you shall be your property.

SIGNATURE

DATE

SIGNATURE (Other party if joint credit request)

DATE