



**First Harrison Bank**  
**Personal Financial Statement**  
**Confidential**

Customer(s)	Business Name
Date of Birth	Business Address
Customer Address	Social Security Number(s)

<b>ASSETS (What I Own)</b> (Itemize on Schedules)	<b>LIABILITIES (What I Owe)</b> (Itemize on Schedules)
1. Cash, Checking, Savings Accounts, Certificates of Deposit (Schedule A)	11. Accounts Payable** (Schedule K)
2. Government Securities, Publicly Traded Stocks (Schedule B)	12. Notes to Financial Institutions** (Schedule L)
3. Life Insurance (cash value only) (Schedule C)	13. Notes Payable to Others** (Schedule M)
4. Retirement Accounts (Schedule D)	14. Real Estate Mortgage Loans/Contract (Schedule N)
5. Accounts and Notes Receivable (Schedule E)	15. Other Debts (Schedule O)
6. Companies Privately Owned (Schedule F)	<b>TOTAL LIABILITIES</b>
7. Real Property* (Schedule G)	16. Net Worth (Total Assets less Total Liabilities)***
8. Machinery and Equipment* (Schedule H)	17. Total Net Worth and Liabilities
9. Personal Property (Schedule I)	
10. Other Assets (Schedule J)	
<b>TOTAL ASSETS</b>	

\* Appraised or estimated fair market value

\*\* Note on schedules all assets which secure debts

\*\*\* In addition to liabilities listed above, I have endorsed, guaranteed or am otherwise contingently liable (describes any lawsuits) on the last page.

<b>Statement of Income</b>	<b>Prior Year</b>	<b>Current Year</b>
Adjusted Gross Income (from IRS Form 1040)		
Depreciation (from IRS Schedule)		
Principal and Interest Payments (from IRS Schedule)		
Other Investments or Income		
<b>TOTAL INCOME CREDIT</b>		

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION CONTAINED ON THIS STATEMENT HAS BEEN CAREFULLY READ AND IS TRUE AND CORRECT.

Signature	Date
Signature	Date

Applicant(s) understand that the information provided is for the purpose of obtaining credit and will be relied on by Creditor in its decision to grant such credit. Applicant(s) certify that the information contained in this statement, along with any attachments &/or schedules, to be true and correct in every detail and accurately describes the financial condition of the applicant(s) on the date of this statement. The undersigned understand that Creditor will use any false statements herein to obtain an exception to discharge exception to discharge in the event of applicant(s) bankruptcy. The applicant(s) further understand that any knowing or willful false statement to influence actions of Creditor can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine &/or imprisonment. Applicant(s) will promptly notify Creditor of any changes in financial conditions which reduces the ability to repay any obligation or accuracy of this statement. Applicant(s) authorize Creditor to make all inquiries deemed necessary to verify the accuracy of the information contained herein to determine the creditworthiness of the applicant(s), including individual credit account(s), employment history and have a credit reporting agency prepare a credit report.

## SUPPORTING SCHEDULES

(Total in each schedule should agree with appropriate item on financial statement)

### ASSETS

NOTE: Use additional sheets, as necessary, to complete or for additional schedules.

**Schedule A - Cash, Checking, Savings Accounts and Certificates of Deposit.**

Name of Depository	Owner	Amount
<b>TOTAL</b>		

**Schedule B - Government Securities, Publicly Traded Stocks**

Description (Issuer or debtor and type of security)	No. of Shares or Principal	Registered in Name of:	Current Value
<b>TOTAL</b>			

**Schedule C - Life Insurance**

Name of Company	Insured	Beneficiary	Face Value	Loans (\$)	Cash Value
<b>TOTAL</b>					

**Schedule D - Retirement Accounts**

Description	Account Owner	Value
<b>TOTAL</b>		

**Schedule E - Accounts and Notes Receivable**

Company/Individual Name	Security	Payment Amount	Balance
<b>TOTAL</b>			

**Schedule F - Privately Held Companies**

Company's Name	Ownership (%)	Value	Loans (\$)	Equity
<b>TOTAL</b>				

**Schedule G - Real Property**

Description (Acreage and Location)	Title in Name of:	When Acquired	Cost	Insurance Amount	Current Value
<b>TOTAL</b>					

**Schedule H - Machinery and Equipment**

Description	Value
<b>TOTAL</b>	

**Schedule I - Personal Property (list motor vehicles, RV's, furniture & fixtures, collectibles)**

Description	Value
<b>TOTAL</b>	

**Schedule J - Other Assets**

Description	Value
<b>TOTAL</b>	

## LIABILITIES

NOTE: Use additional sheets, as necessary, to complete or for additional schedules.

**Schedule K - Accounts Payable (charge cards and trade accounts)**

Creditor	Security	Payment Amount	Balance
<b>TOTAL</b>			

**Schedule L - Notes Payable to Financial Institutions**

Creditor	Security	Payment Amount	Balance
<b>TOTAL</b>			

**Schedule M - Notes Payable to Others**

Creditor	Security	Payment Amount	Balance
<b>TOTAL</b>			

**Schedule N - Real Estate Mortgages / Contracts**

Creditor	Property Address	Payment Amount	Balance
<b>TOTAL</b>			

**Schedule O - Other Liabilities**

Creditor	Description	Payment Amount	Balance
<b>TOTAL</b>			

**Contingent Liabilities** (loans you guarantee)

Company/Individual	Creditor	% Guarantee	Balance
<b>TOTAL</b>			