

**FINANCIAL STATEMENT - INDIVIDUAL**

INDIVIDUAL

JOINT W/ SPOUSE

DATE OF STATEMENT

**TO FINANCIAL INSTITUTION NAMED:**

**NAME OF INDIVIDUAL:**

**Trinity Bank, N.A.**

HOME ADDRESS

HOME PHONE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

**ASSETS (Omit Cents)**

**LIABILITIES (Omit Cents)**

Cash in This Financial Institution (Schedule A)		Notes Payable to Financial Institutions (Schedule J)	
Cash in Other Financial Institutions (Schedule A)		Other Notes Payable (Schedule J)	
Money Market Accounts (Schedule A)		Loans Secured by Real Estate (Schedule F)	
Notes and Loans Receivable (Schedule B)		Life Insurance Policy Loans (Schedule E)	
Other Accounts De Me (Schedule B)		Taxes (Federal, State, Local) Due and Unpaid	
Stocks and Bonds - Marketable (Schedule C)		Credit Card Indebtedness	
Other Stocks and Bonds (Schedule C)		Due to Brokers in Margin Accounts (Schedule K)	
Partnership and Proprietorship Interest (Schedule D)		Other Accounts and Bills Payable (Schedule K)	
Cash Surrender Value Life Insurance (Schedule E)			
Real Estate Owned (Schedule F)			
Oil and Gas Interests (Schedule G)			
Vested Pension and Retirement Funds (Schedule H)			
IRA and Keough Plans (Schedule H)			
Other Personal Assets (Schedule I)			
		<b>TOTAL LIABILITIES</b>	\$ -
		<b>NET WORTH</b>	\$ -
<b>TOTAL ASSETS</b>	\$ -	<b>TOTAL LIABILITIES and NET WORTH</b>	\$ -

PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING SOURCES AND USES OF CASH DURING THE CALENDAR YEAR AND YOUR PROJECTIONS FOR THE CURRENT YEAR. IF A CASH FLOW DEFICIT EXISTS EXPLAIN HOW THE EXISTING OR REQUESTED DEBT WILL BE SERVICED.

**SOURCES OF CASH**

**USE OF CASH**

<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint		Prior Year	Current Year	<input type="checkbox"/> Individual <input type="checkbox"/> Joint		Prior Year	Current Year
Salaries, Commissions, Bonuses, or other income from Employment (Net)				Personal Expenses (Utilities, Rent, Household, Etc.)			
Rents Received				Bank Loans - Principal and Interest			
Dividends				Other Loans - Principal and Interest			
Interest Income				Insurance Payments			
Sale of Assets				Income Taxes not Covered by Withholding			
Royalties				Other Uses of Cash			
Distributions from Estates & Trusts							
Cash Distribution from Business							
Partnerships or Joint Ventures							
Income Tax Refund							
Other Sources of Cash							
Spouse							
				<b>TOTAL CASH OUTLAYS</b>	\$ -	\$ -	\$ -
<b>TOTAL CASH RECEIVED</b>	\$ -	\$ -	\$ -	<b>CASH FLOW SURPLUS (DEFICIT)</b>	\$ -	\$ -	\$ -

**CONTINGENT LIABILITIES**

NATURE OF LIABILITY	DESCRIPTION	AMOUNT
Liabilities as Endorser, Co-Maker or Guarantor		
Liabilities on Leases and Contracts		
Liabilities on Letters of Credit		
Contested Tax Liens		
Involvement in Pending Legal Actions, Claims Judgements, etc.		

Federal Income Tax Return Filed Through : \_\_\_\_\_ Any Additional Assessments?  Yes  No Amount \$ \_\_\_\_\_

**SCHEDULE A: CASH IN FINANCIAL INSTITUTIONS AND MONEY MARKET ACCOUNTS**

FINANCIAL INSTITUTION	ACCOUNT IN NAME OF:	TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE

**SCHEDULE B: NOTES AND LOANS RECEIVABLES AND OTHER ACCOUNTS DUE ME**

ORIGINAL AMOUNT	DUE FROM	BALANCE OWING	PAYMENT SCHEDULE	MATURITY	COLLATERAL

**SCHEDULE C: STOCKS AND BONDS**

ISSUING COMPANY	REGISTERED IN NAME OF:	NO. OF SHARES OR FACE AMT OF BONDS*	VALUE		IF PLEDGED, TO WHOM?	WHERE TRADED
			Per Share	Total		

\*Indicate whether Stocks are Common or Preferred

**SCHEDULE D: PARTNERSHIP AND PROPRIETORSHIP INTERESTS**

NAME OF PARTNERSHIP OR PROPRIETORSHIP	PERCENT OWNERSHIP	ORIGINAL COST	PRESENT VALUE	IF PLEDGED, TO WHOM?

**SCHEDULE E: LIFE INSURANCE**

INSURANCE COMPANY	POLICY #	POLICY OWNER	BENEFICIARY	TYPE OF POLICY	FACE AMOUNT	CASH VALUE	LOANS AGAINST POLICY

**SCHEDULE F: REAL ESTATE OWNED**

PARCEL NUMBER	LOCATION and DESCRIPTION OF IMPROVEMENTS	YEAR ACQUIRED	COST	APPRAISAL			NAME OF TITLE HOLDER
				BY WHOM	DATE	AMOUNT	
Homestead							
1.							
2.							
3.							
4.							

PARCEL NUMBER	MORTGAGE OR OTHER LIEN	PAYABLE TO:	ORIGINAL AMOUNT	PRESENT BALANCE	INTEREST RATE	AMOUNT PAYABLE PER MONTH	AMOUNT OF INSURANCE
Homestead	1st						
	2nd						
1.	1st						
	2nd						
2.	1st						
	2nd						
3.	1st						
	2nd						
4.	1st						
	2nd						

**SCHEDULE G: OIL and GAS INTERESTS**

LEGAL DESCRIPTION	WI OR RI	NET REVENUE INTEREST	MONTHLY INCOME	MONTHLY EXPENSE	PRESENT VALUE	PURCHASER OF PRODUCT

**SCHEDULE H: VESTED PENSIONS, RETIREMENT FUNDS, IRA, KEOUGH**      **SCHEDULE I: OTHER PERSONAL ASSETS**

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

**SCHEDULE J: NOTES PAYABLE TO FINANCIAL INSTITUTIONS AND OTHERS**

DUE TO WHOM	AMOUNT	HOW PAYABLE	MATURITY	COLLATERAL PLEDGED

**SCHEDULE K: OTHER ACCOUNTS and BILLS PAYABLE INCLUDING AMOUNTS DUE TO BROKERS**

DESCRIPTION	AMOUNTS	DESCRIPTION	AMOUNTS

**SCHEDULE L: BUSINESS IN WHICH UNDERSIGNED IS A PRINCIPAL OR PARTNER**

NAME AND ADDRESS OF BUSINESS	TYPE OF BUSINESS	% OWNERSHIP	POSITION / TITLE	FINANCIAL INSTITUTION OF ACCOUNT

Has Undersigned executed a will disposing of estate in event of death?  Yes  No If yes, name of Executor \_\_\_\_\_

Have you made an assignment for benefit of creditors or been involved in bankruptcy proceedings during the past fourteen years?  Yes  No

If yes, please state details: \_\_\_\_\_

Marital Status (Do not complete if applying for individual unsecured credit):  
 Married  Separated  Un-married (including single, divorced or widowed) Number of Dependents \_\_\_\_\_

EMPLOYER NAME AND ADDRESS	POSITION/TITLE	YEARS EMPLOYED

**SIGNATURES**

This Financial Statement, supporting schedules and information are submitted by the Undersigned to the herein named Financial Institution for the purpose of establishing, obtaining, or maintaining credit. It is a true, complete, and correct representation of the Undersigned's financial condition as of the date shown above. The Financial Institution is authorized by the Undersigned to check credit and employment history, or verify the accuracy of the information contained herein, and to answer questions about its credit experience with the Undersigned.

\_\_\_\_\_  
SIGNATURE DATE SIGNED

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
SIGNATURE DATE SIGNED

\_\_\_\_\_  
WITNESS