

PERSONAL FINANCIAL STATEMENT

Submitted To: First Bank of Manhattan & New Lenox on _____

PERSONAL INFORMATION					
APPLICANT (NAME)			CO-APPLICANT (NAME)		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone #	# of Years with Employer	Title/Position	Business Phone #	# of Years with Employer	Title/Position
Previous Employer & Position (if w/current less than 3 yrs.)		# of Years	Previous Employer & Position (if w/current less than 3 yrs.)		# of Years
Home Address			Home Address		
Social Security #		Date of Birth	Social Security #		Date of Birth
Email Address		Phone #	Email Address		Phone #
Name & Phone # of Your Accountant			Name & Phone # of Your Accountant		
Name & Phone # of Your Attorney			Name & Phone # of Your Attorney		
Name & Phone # of Your Investment Advisor/Broker			Name & Phone # of Your Investment Advisor/Broker		
Name & Phone # of Your Insurance Advisor			Name & Phone # of Your Insurance Advisor		

CASH INCOME AND EXPENDITURES

(For Year Ended 20____)

ANNUAL INCOME	AMOUNT (\$)
Salary (Applicant)	
Salary (Co-Applicant)	
Bonuses & Commissions (Applicant)	
Bonuses & Commissions (Co-Applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME	

ANNUAL EXPENDITURES	AMOUNT (\$)
Income Taxes (Federal/State/City/Other)	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments – Residential	
Mortgage Payments – Investment	
Property Taxes – Residential	
Property Taxes – Investment	
Property Insurance – Residential	
Property Insurance – Investment	
Investments (including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expenses	
Medical Expenses	
Other Expenses (list)	
TOTAL EXPENDITURES	

Any significant changes expected in the next 12 months? Yes No

**Income from alimony, child support, or separate maintenance need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

ASSETS AND LIABILITIES

(Balances as of _____)

ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
Cash in First Bank of Manhattan (Including money market accounts & CDs)		Notes Payable to First Bank of Manhattan (Schedule E)	
Cash in Other Financial Institutions (Including money market accounts & CDs)		Notes Payable to Others (Schedule E)	
Readily Marketable Securities (Schedule A)		Accounts Payable (Including Credit Cards)	
Non-Readily Marketable Securities (Schedule A)		Margin Accounts	
Accounts & Notes Receivable		Notes Due: Partnership (Schedule D)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Taxes Payable	
Residential Real Estate (Schedule C)		Mortgage Debt (Schedule C)	
Real Estate Investments (Schedule C)		Life Insurance Loans (Schedule B)	
Partnerships (Schedule D)		Other Liabilities (List)	
IRA, Keogh, Profit-Sharing & Other Retirement Accounts			
Deferred Income (# of Years Deferred _____)			
Personal Property (Including Automobiles)			
Other Assets (List)			
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	

CONTINGENT LIABILITIES	YES	NO	AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?			_____
Do you have any outstanding letters of credit or surety bonds?			_____
Are there any suits or legal actions pending against you?			_____
Are you contingently liable on any lease or contract?			_____
Are any of your tax obligations past due?			_____
If yes for any of the above, give details:			

Schedule A – All Securities (including non-money market mutual funds)*

# of Shares (Stock) or Face Value (Bonds)	Description	Owner(s)	Where Held	Cost	Current Market Value	Pledged	
						Yes	No

READILY MARKETABLE SECURITIES (INCLUDING U.S. GOVERNMENTS AND MUNICIPALS)

NON-READILY MARKETABLE SECURITIES (INCLUDING U.S. GOVERNMENTS AND MUNICIPALS)

Schedule B – Life Insurance (use additional sheet if necessary)

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule C – Residential Real Estate (use additional sheet if necessary)

Personal Residence(s)

Address	Legal Owner	Purchase Year/Price	Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender

Investment Properties

Schedule D – Partnerships less than majority ownership for real estate partnerships* (use additional sheet if necessary)

Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date
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Business/Professional (indicate name)

Investments (including Tax Shelters)

* Note- For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s.

Schedule E – Notes Payable

Due to	Loan Type	Loan/Line Amount	Payment	Secured		Collateral	Interest Rate	Maturity
				Yes	No			

Please Answer the Following Questions:

- 1) Income tax returns filed through (date): _____ Are any returns being audited or contested? Yes No
- 2) Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? Yes No
If yes, please provide details: _____
- 3) Have you drawn a will? Yes No
If yes, please furnish the name of the executor(s) and year will was drawn: _____
- 4) Number of dependents (excluding self) and relationship to applicant: _____
- 5) Have you ever had a financial plan prepared for you? Yes No
- 6) Did you include two years federal and state tax returns? Yes No
- 7) Do either of you have a line of credit or unused credit facility at another institution(s)? Yes No
If yes, please indicate where, how much and the name of the banker: _____

Representation and Warranties

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 continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, 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 full 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 inquires 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. This personal financial statement and any other financial information that the undersigned give you shall be your property.

Date

Your Signature

Date

Co-Applicant's Signature (if you are requesting the financial accommodation jointly)

COMMERCIAL LOAN APPLICATION ADDENDUM

Customer _____ **Amount** _____

Term _____ **Rate** _____

Collateral _____

Joint Credit –We intend to apply for joint credit. (initials) _____

Were your gross annual revenues in the previous fiscal year \$1,000,000.00 or less? Yes No

If you answered yes and your application for business credit is denied, you have the right to receive a written statement of the specific reasons for the denial. To obtain the statement, please contact:

First Bank of Manhattan
230 S. State Street
Manhattan, IL 60442
815.478.4611

within 60 days from the date that you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request. The notice below describes additional protections extended to you.

NOTICE: The Federal **Equal Credit Opportunity Act** prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Reserve, Consumer Help, P.O. Box 1200, Minneapolis, MN 55480.

Appraisal Notice

For loans where the collateral securing the loan is a 1-4 family dwelling.
We may order an appraisal to determine the property’s value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

Borrower’s Signature **Date**

Co-Borrower’s Signature **Date**

Phone or Mail Application? Yes No

Demographic Information of Applicant(s)

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, race, and sex) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race". The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race, and sex on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant: _____

Co-Applicant: _____

Ethnicity – Check one or more

Hispanic or Latino
 Mexican Puerto Rican Cuban
 Other Hispanic or Latino – Print origin: _____

Ethnicity - Check one or more

Hispanic or Latino
 Mexican Puerto Rican Cuban
 Other Hispanic or Latino – Print origin: _____

Examples: *Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.*

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Not Hispanic or Latino
 I do not wish to provide this information

Not Hispanic or Latino
 I do not wish to provide this information

Race – Check one or more

American Indian or Alaska Native – Print name of enrolled or principal tribe: _____

Asian
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian - Print race: _____

Examples: *Hmong, Laotian, Thai, Pakistani, Cambodian, etc.*

Black or African American
 Native Hawaiian or Other Pacific Islander
 Native Hawaiian Guamanian or Chamorro Samoan
 Other Pacific Islander – Print race: _____

Race – Check one or more

American Indian or Alaska Native – Print name of enrolled or principal tribe: _____

Asian
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian- Print Race: _____

Examples: *Hmong, Laotian, Thai, Pakistani, Cambodian, etc.*

Black or African American
 Native Hawaiian or Other Pacific Islander
 Native Hawaiian Guamanian or Chamorro Samoan
 Other Pacific Islander – Print race: _____

Examples: *Fijian, Tongan, etc.*
 White
 I do not wish to provide this information

Examples: *Fijian, Tongan, etc.*
 White
 I do not wish to provide this information

Sex

Female
 Male
 I do not wish to provide this information

Sex

Female
 Male
 I do not wish to provide this information

To Be Completed by Financial Institution (for an application taken in person):

	Applicant		Co-Applicant	
Was the ethnicity of the applicant(s) collected on the basis of visual observation or surname?	No	Yes	No	Yes
Was the race of the applicant(s) collected on the basis of visual observation or surname?	No	Yes	No	Yes
Was the sex of the applicant(s) collected on the basis of visual observation or surname?	No	Yes	No	Yes

The Demographic Information of the Applicant(s) was provided through:

Applicant: Face-to-Face Telephone Fax or Mail Email or Internet
Co-Applicant: Face-to-Face Telephone Fax or Mail Email or Internet