

Personal Financial Statement Submitted To:



1111 Dixie Highway • Beecher, IL 60401
Ph: (708) 946-2246 • fax: (708) 546-2615 • www.firstcbt.bank

Section 1 - Individual Information

APPLICANT		CO-APPLICANT	
Name:		Name:	
Home Address:		Home Address:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Social Security No.:		Social Security No.:	
Date of Birth:		Date of Birth:	
E-Mail Address:		E-Mail Address:	
Employer name:		Employer name:	
Position/Title:	No. of years	Position/Title:	No. of years
Business Address:		Business Address:	
City, State, Zip:		City, State, Zip:	
Business Phone:	Fax:	Business Phone:	Fax:

Section 2 - Professional Contacts

ACCOUNTANT	ATTORNEY	INSURANCE AGENT
Name:	Name:	Name:
Phone:	Phone:	Phone:

Section 3 - Statement of Financial Condition as of:

GROSS ANNUAL INCOME				GROSS ANNUAL EXPENSES	
APPLICANT		CO-APPLICANT		(date)	
				Combine annual expenses of both Applicant & Co-Applicant	
Base Salary				Primary Residence	1st. mortgage(P & I)
Overtime					Property Taxes
Bonuses				Second Mortgage (if any)	(P & I)
Commissions				Investment or	1st Mortgage (P & I)
Dividends				Vacation Properties	Property Taxes
Interest				Second Mortgage (if any)	(P & I)
Net Rental Income				Rent Payments / Assessments / HOA	
Capital Gains				Homeowners Insurance	
Partnership Income				Other Insurance	
Other**				Other Loans (P & I)	
Other				Investment Expense	
Other				Federal/State Income & Other Taxes	
Other				Credit Cards	
Total Individual				Other*	
Grand Total				Grand Total	

* Other expenses may include tuition, medical expenses, other living expenses and alimony or child support.

**Alimony/Child support or separate maintenance income need not be revealed if the applicant or co-applicant does not choose to have it considered as a basis for repaying the loan.

Section 4 - Balance Sheet				
ASSETS		AMOUNT \$	LIABILITIES	AMOUNT \$
Accounts at First Community Bank and Trust:			Loans at First Community Bank and Trust	
Checking			Secured	
Savings				
Money Market			Unsecured	
Certificate of Deposit				
Accounts held at other Financial Institutions			Loans at other Financial Institutions	
(type & FI name)			(Schedule E)	
			Secured	
Government & Marketable Securities (Schedule A)				
Non- Marketable Securities (Schedule A)				
Real Estate Owned (Schedule B)				
Life Insurance Net Cash Value (Schedule C)			Unsecured	
Vested Interest in Retirement Accounts				
Partnerships (Schedule D)				
Loans Receivable			Credit Cards	
Automobile				
Make/Model/Year			Real Estate Mortgages (Schedule B)	
Automobile			Taxes Payable	
Make/Model/Year			Partnership Notes (schedule D)	
Automobile			Life Insurance Loans (Schedule C)	
Make/Model/Year			Other Liabilities: (Schedule E)	
Other Assets:				
TOTAL ASSETS			TOTAL LIABILITIES	

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Section 5 - Contingent Liabilities	
Are there any contingent liabilities?: Y / N	AMOUNT \$
(If yes, list amount and explain below or N/A if not applicable)	
With you as co-maker, guarantor or endorser?	
On contracts or leases?	
Pending litigation?	
Involving tax obligations?	
Other than above?	
<u>Provide details below:</u>	

Section 6 - Additional Required Information	
Answer the following:	Yes/No
Do you have a Will? Date drawn _____	
Name of executor:	
Have you ever been a party to a bankruptcy?	
Details:	
Are any tax returns being audited or contested	
Describe:	
Do you expect any significant financial changes	
within 1 year? Describe below:	

Section 7 - Schedules**Schedule A****Securities - Government & Marketable Securities**

No. of shares	Description	In Name of	Where Held	Cost	Market Value	Pledged? Y/N

Securities - Non-Marketable

No. of shares	Description	In Name of	Where Held	Cost	Market Value	Pledged? Y/N

Schedule B**Real Estate****Personal Residence**

Property Address	Title in Name Of	Acquired Date	Cost	Current Value	Current Mortgage	Mortgage Maturity	Interest Rate	Monthly Payment	Name of Lender

Investment/Vacation Property

Property Address	Title in Name Of	Acquired Date	Cost	Current Value	Current Mortgage	Mortgage Maturity	Interest Rate	Monthly Payment	Name of Lender

Schedule C**Life Insurance**

Name of Insurance Company	Owner of Policy	Policy Beneficiary	Policy Type	Face Value	Net Cash Value	Loans Against Policy

Schedule D**Partnerships/Corporations/LLCs**

Type of Investment	Name of Investment	Acquired		Percent Owned	Current Market Value	Balance Due on notes	Date of Final Contribution
		Date	Cost				

Use additional sheets as necessary

For on-line users, additional schedules are attached as page 6

Section 7 - Schedules (continued)**Schedule E
Notes Payable**

Payable to	Type	Original Balance	Current Balance	Collateral	Interest Rate	Maturity

Section 8 - Intent (PLEASE READ CAREFULLY) - You MUST INITIAL at least one Box in Section 8.***Applicant, if married, may apply for separate credit.**

☐ **INDIVIDUALLY *** - Applicant is applying in own name (or business name) and relying only on own income or assets, or business income or assets and not the income or assets of another person as the basis for repayment of the credit requested. **ONLY THE APPLICANT SIGNS IN SECTION 9 below.**

☐ **INDIVIDUALLY*** - Applicant is applying in own name and relying on income from alimony, child support or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested. **ONLY THE APPLICANT SIGNS IN SECTION 9 below.**

☐ **JOINT W/SPOUSE** - Applying jointly with spouse. Please provide information for both applicants in the Personal Financial Statement. **BOTH APPLICANTS MUST SIGN IN SECTION 9 below.**

If you intend to apply for joint/spouse credit, please initial here:

Applicant

Spouse

☐ **JOINT W/OTHER** - Applying jointly with someone other than spouse. Each Co-Applicant must complete and sign *separate* Personal Financial Statement. **ONLY THE APPLICANT SIGNS IN SECTION 9 below.** (Other Applicant will sign Section 9 on *separate* Personal Financial Statement).

Name additional Co-Applicant(s):

Section 9 - Terms, Conditions and Acknowledgements

This statement contains information which may be used solely for the purpose of procuring or sustaining credit with First Community Bank and Trust on behalf of the undersigned or their affiliates, firms or corporations for which the undersigned may sign as guarantor. As the undersigned acknowledges and understands that the information provided herein will be relied upon in the credit decision process, each undersigned attests to the completeness, accuracy and truthfulness of the contents of the statement. At any time that this information is modified; the undersigned must provide a written notice of the changes. The undersigned authorizes First Community Bank and Trust to verify the accuracy of the information provided by making all inquiries deemed necessary to determine the applicants' creditworthiness. First Community Bank and Trust is hereby authorized to answer questions regarding its credit experience with the undersigned.

Applicant's Signature

Dated

Co-Applicant's Signature

Dated

Please use this space to provide any additional information. Use additional sheets as necessary.

Additional Schedules**Schedule A****Securities - Government & Marketable Securities**

No. of shares	Description	In Name of	Where Held	Cost	Market Value	Pledged Y/N

Securities - Non-Marketable

No. of shares	Description	In Name of	Where Held	Cost	Market Value	Pledged Y/N

Schedule B**Real Estate****Investment/Vacation Property**

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Schedule E**Notes Payable**

Payable to	Type	Original Balance	Current Balance	Collateral	Interest Rate	Maturity