



Texas Department of Banking Personal Financial Statement

As of: _____

IF ASSETS ARE JOINTLY OWNED, BOTH PARTIES MUST SIGN THIS STATEMENT.
(Fill in all blanks, writing "NO" or "NONE" where necessary to complete information requested.)
Provide additional sheets as necessary and sign and date each additional sheet provided.

Name(s):	and	Business Phone: _____)	-
Residence Address:		Residence Phone: _____)	-
City, State, & Zip Code:		Cell Phone: _____)	-
Business Name of Applicant/Borrower:			

ASSETS		LIABILITIES	
Cash on hands and in Banks	\$	Accounts Payable	\$
Savings Accounts		Notes & Leases Payable to Banks and Others (Describe in Section 2)	
IRA or Other Retirement Account		Installment Account (Auto) Mo. Payments \$ _____	
Accounts & Notes Receivable		Installment Account (other) Mo. Payments \$ _____	
Life Insurance-Cash Surrender Value Only (Complete Section 8)		Loan on Life Insurance	
Stocks and Bonds (Describe in Section 3)		Mortgages on Real Estate (Describe in Section 4)	
Real Estate - (Describe in Section 4)		Unpaid Taxes - (Describe in Section 6)	
Automobile - Present Value		Other Liabilities - (Describe in Section 7)	
Other Personal Property - (Describe in Section 5)		Total Liabilities	\$
Other Assets - (Describe in Section 5)		Net Worth	
TOTAL	\$	TOTAL	\$

Section 1. Source of Income		Contingent Liabilities Describe all including amounts.	
Salary	\$	As Co-Maker, Endorser, Surety, Bondsman,	\$
Net Investment Income	\$	Have any Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax (Describe in Section 6)	\$
Other Income (Describe Below)*	\$	Other Special Debt including Letters of Credit and Leases	\$

Description of Other Income in Section 1.

Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income

Are your tax obligations current? <input type="checkbox"/> Yes <input type="checkbox"/> No (Describe in Section 6)	Income tax returns are filed through (date)	Are any returns being contested? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have either you or any firm in which you were a major owner ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide details	Do you have a line of credit or an unused credit facility at any other institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so where? how much?

Section 2. Notes & Leases Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

Section 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Number of Securities	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
		\$	/		\$
		\$	/		\$
		\$	/		\$
		\$	/		\$
		\$	/		\$

Section 4. Real Estate Owned (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Name of Title Holder			
Property Address			
Date Purchased			
Original Cost	\$	\$	\$
Present Market Value	\$	\$	\$
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance	\$	\$	\$
Amount of Payment per Month/Year	\$ mo. / \$ yr.	\$ mo. / \$ yr.	\$ mo. / \$ yr.
Status of Mortgage			

Section 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

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Section 6. Unpaid Taxes (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien is attached.)

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Section 7. Other Liabilities (Describe in detail).

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Section 8. Life Insurance Held Face amount and cash surrender value of policies, name of insurance company and beneficiaries.)

Insurance Company:	Beneficiary:	Face Amount: \$
Insurance Company:	Beneficiary:	Face Amount: \$

I hereby certify under penalty of perjury that the information contained in this confidential financial report, including supplemental schedules, has been carefully examined by me and is correct and complete, and further acknowledge that there are no misrepresentations or omissions of material facts.

Signature	Date
Signature	Date



Texas Department of Banking Cash Flow Statement

Name: _____

Provide the following information regarding sources and uses of cash during the last two years, the current year, and a projected year.

Sources of Cash	20____	20____	Current _____ to _____	Projected _____
Salaries, Wages, Commissions, Bonuses, or Other income from Employment (Net of Deduction)				
Dividends				
Interest				
Royalties				
Cash Received from Individual Businesses, Partnerships, or Joint Ventures				
Real Estate				
Other*				
Total Cash Received				
Uses of Cash	20____	20____	Current _____ to _____	Projected _____
Personal Expenses (Management, Rent and Household, etc.)				
Bank Loan – Principal and Interest				
Insurance Payments				
Income Taxes Not Covered by Withholding				
Other*				
Total Cash Outlays				
Cash Flow Surplus (Deficit)				

*Itemize any items amounting to 10% or more of total income on a separate page.

I hereby certify under penalty of perjury that the information contained in this confidential financial report, including supplemental schedules, has been carefully examined by me and is correct and complete, and further acknowledge that there are no misrepresentations or omissions of material facts.

Signature: _____ Date: _____

Full Name: _____

STATE OF TEXAS

COUNTY OF _____

Personally appeared before me the above named, _____, personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct.

Subscribed and sworn to before me this _____ day of _____, _____.

(Notary Public)

(Seal)

My Commission expires: _____