

# Falls City National Bank



## Personal Financial Statement

**Important Information to Applicant(s).** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who applies for a loan or opens an account. **What this means for you.** When you apply for a loan or open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law. Read each instruction carefully before completing this form.

***If assets are jointly owned, both parties must complete and sign this financial statement.***

### PERSONAL INFORMATION

If this is an application for joint credit, Applicant and Co-Applicant each agree that we intend to apply for joint credit (initial here): \_\_\_\_\_  
APPLICANT      JOINT-APPLICANT

NAME \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SSN# \_\_\_\_\_  
 DRIVERS LICENSE # \_\_\_\_\_ EXP DATE \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 (If Different)  
 MAILING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PRIMARY CONTACT # \_\_\_\_\_ (H W C)  
 SECONDARY CONTACT # \_\_\_\_\_ (H W C)  
 May we contact you via email?       YES    NO  
 EMAIL \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_  
 POSITION \_\_\_\_\_ #OF YRS ON THIS JOB \_\_\_\_\_  
 Have you previously received credit from us?       YES    NO  
 NEAREST RELATIVE (not living with you) AND PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_ SSN# \_\_\_\_\_  
 DRIVERS LICENSE # \_\_\_\_\_ EXP DATE \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 (If Different)  
 MAILING ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PRIMARY CONTACT # \_\_\_\_\_ (H W C)  
 SECONDARY CONTACT # \_\_\_\_\_ (H W C)  
 May we contact you via email?       YES    NO  
 EMAIL \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_  
 EMPLOYER \_\_\_\_\_  
 POSITION \_\_\_\_\_ #OF YRS ON THIS JOB \_\_\_\_\_  
 Have you previously received credit from us?       YES    NO  
 NEAREST RELATIVE (not living with you) AND PHONE NUMBER \_\_\_\_\_

### SOURCES OF INCOME / ANNUAL EXPENSES

W2 INCOME/ANNUAL SALARY - Applicant      \$ \_\_\_\_\_  
 W2 INCOME/ANNUAL SALARY - Joint      \$ \_\_\_\_\_  
 RETIREMENT/PENSION INCOME      \$ \_\_\_\_\_  
 PROFIT FROM BUSINESS      \$ \_\_\_\_\_  
 RENTAL INCOME      \$ \_\_\_\_\_  
 ROYALTY INCOME      \$ \_\_\_\_\_  
 FARMING/RANCHING INCOME      \$ \_\_\_\_\_  
 INTEREST/DIVIDEND INCOME      \$ \_\_\_\_\_  
 OTHER (DESCRIBE) \_\_\_\_\_  
**TOTAL ANNUAL INCOME**      \$ \_\_\_\_\_

LINE OF CREDIT DUE IN 1 YEAR      \$ \_\_\_\_\_  
 MORTGAGE OR RENT PAYMENTS      \$ \_\_\_\_\_  
 PROPERTY TAXES      \$ \_\_\_\_\_  
 INCOME TAXES      \$ \_\_\_\_\_  
 INSURANCE PREMIUMS      \$ \_\_\_\_\_  
 BUSINESS OPERATING EXPENSES      \$ \_\_\_\_\_  
 FARMING/RANCHING EXPENSES      \$ \_\_\_\_\_  
 OTHER (DESCRIBE) \_\_\_\_\_  
 OTHER (DESCRIBE) \_\_\_\_\_  
**TOTAL ANNUAL EXPENSES**      \$ \_\_\_\_\_

### DECLARATIONS

	APPLICANT	JOINT-APPLICANT
Are you obligated to make alimony or child support payments? If Yes, Amount \$ _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been declared bankrupt? If Yes, when _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have had property foreclosed on? If Yes, when _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any outstanding judgements against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you a party to a lawsuit?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you presently delinquent on any tax obligations including income and property taxes?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**PERSONAL BALANCE SHEET**

*Use the section below to determine your overall net worth. We will ask you to itemize some of these items.*

**ASSETS**

**CASH ON HAND OR ON DEPOSIT**

CHECKING ACCOUNTS	BANK NAME _____	\$ _____
CHECKING ACCOUNTS	BANK NAME _____	\$ _____
SAVINGS ACCOUNTS	BANK NAME _____	\$ _____
SAVINGS ACCOUNTS	BANK NAME _____	\$ _____
CERTIFICATE OF DEPOSIT	BANK NAME _____	\$ _____
CERTIFICATE OF DEPOSIT	BANK NAME _____	\$ _____
OTHER CASH		\$ _____
<b>TOTAL CASH AVAILABLE</b>		<b>\$ _____</b>

**PERSONAL VEHICLES/RECREATIONAL VEHICLES** (attach another sheet if you need more space)

			MARKET VALUE
YEAR _____	MAKE _____	MODEL _____	\$ _____
YEAR _____	MAKE _____	MODEL _____	\$ _____
YEAR _____	MAKE _____	MODEL _____	\$ _____
YEAR _____	MAKE _____	MODEL _____	\$ _____
YEAR _____	MAKE _____	MODEL _____	\$ _____
<b>TOTAL VEHICLES</b>			<b>\$ _____</b>

**REAL ESTATE OWNED**

ADDRESS (STREET, CITY, STATE, ZIP)	TYPE OF PROPERTY *	ANNUAL INSURANCE COST	ANNUAL PROPERTY TAXES	MARKET VALUE
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
<b>TOTAL REAL ESTATE</b>				<b>\$ _____</b>

\*Primary residence, rental, land, 2nd home, investment

**EQUIPMENT** (attach another sheet if you need more space)

		MARKET VALUE
DESCRIPTION _____	S/N _____	\$ _____
DESCRIPTION _____	S/N _____	\$ _____
DESCRIPTION _____	S/N _____	\$ _____
DESCRIPTION _____	S/N _____	\$ _____
DESCRIPTION _____	S/N _____	\$ _____
DESCRIPTION _____	S/N _____	\$ _____
<b>TOTAL EQUIPMENT</b>		<b>\$ _____</b>

**LIVESTOCK** \_\_\_\_\_

**TOTAL LIVESTOCK** \$ \_\_\_\_\_

**FARM PRODUCTS** \_\_\_\_\_

**TOTAL FARM PRODUCTS** \$ \_\_\_\_\_

**NON-RETIREMENT INVESTMENTS**

		MARKET VALUE
BROKERAGE ACCOUNTS (NON-RETIREMENT)		\$ _____
OTHER INVESTMENTS	DESCRIBE _____	\$ _____
<b>TOTAL INVESTMENTS (NON-RETIREMENT)</b>		<b>\$ _____</b>

**RETIREMENT**

		MARKET VALUE
RETIREMENT ACCOUNTS (IRA, Roth IRA, 401k, 403b)		\$ _____
PENSION/ANNUITY		\$ _____
OTHER RETIREMENT	DESCRIBE _____	\$ _____
<b>TOTAL RETIREMENT</b>		<b>\$ _____</b>

**PERSONAL PROPERTY / OTHER**

MARKET VALUE

GUNS/JEWELRY/COLLECTIBLES		\$ _____
NOTES RECEIVABLE		\$ _____
OTHER	DESCRIBE _____	\$ _____
OTHER	DESCRIBE _____	\$ _____
<b>TOTAL PERSONAL PROPERTY / OTHER</b>		\$ _____

**TOTAL ASSETS** (CASH, VEHICLES, EQUIPMENT, REAL ESTATE, LIVESTOCK, INVESTMENTS, PERSONAL PROPERTY) \$ \_\_\_\_\_

**LIABILITIES (DEBTS)**

MORTGAGES ON REAL ESTATE	MONTHLY PAYMENT	TERM/MATURITY	ON ESCROW?	AMOUNT OF MORTGAGE
MORTGAGEE OR NOTE HOLDER			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
<b>TOTAL MORTGAGE BALANCES</b>				\$ _____

VEHICLE / RECREATIONAL VEHICLE / EQUIPMENT LOANS	PAYMENT	TERM/MATURITY	BALANCE
NOTE HOLDER			\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<b>TOTAL AUTO / EQUIPMENT LOANS</b>			\$ _____

LIVESTOCK/AG LOANS	PAYMENT	TERM/MATURITY	BALANCE
NOTE HOLDER			\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<b>TOTAL LIVESTOCK/AG LOANS</b>			\$ _____

OTHER DEBTS	PAYMENT	TERM/MATURITY	BALANCE
STUDENT LOANS	_____	_____	\$ _____
CREDIT CARDS	_____	_____	\$ _____
UNSECURED BANK LOANS	_____	_____	\$ _____
SECURED BANK LOANS	_____	_____	\$ _____
LINES OF CREDIT: DESCRIBE TERM/RATE _____			\$ _____
UNPAID TAXES: REAL ESTATE OR INCOME TAXES			\$ _____
OTHER _____			\$ _____

**TOTAL LIABILITIES** (MORTGAGES, VEHICLE LOANS, EQUIPMENT LOANS, LIVESTOCK/AG LOANS, OTHER DEBTS) \$ \_\_\_\_\_

**NET WORTH**

USE TOTALS FROM ABOVE TO CALCULATE NET WORTH (ASSETS LESS DEBTS = NEW WORTH)

**TOTAL ASSET VALUES** \$ \_\_\_\_\_

**TOTAL LIABILITIES BALANCES (DEBTS)** \$ \_\_\_\_\_

**OVERALL NET WORTH** \$ \_\_\_\_\_

**CERTIFICATIONS, AUTHORIZATIONS, AND SIGNATURES**

By signing below, each party named in the section titled "PERSONAL INFORMATION" certifies the following:

- 1) Everything I/We have stated in this statement and on any other documents submitted to Falls City National Bank, furthermore described as "Lender" are true and correct to the best of my/our knowledge. The undersigned also agrees to notify the Lender immediately in writing of any significant adverse change in such financial condition.
- 2) The undersigned acknowledges that I/We have been advised that making false statements, or reports, or willfully overvaluing any land, property, or security for the purpose of influencing the credit to be extended will subject me/us to possible criminal liability under the law.
- 3) Authorization is hereby given to the Lender to verify any and all items indicated on this statement in any manner it deems appropriate including, but not limited to, obtaining one or more credit history reports, obtaining balance and payoff information on all accounts requiring payoff as a condition of granting credit, and providing account experience with the Lender to consumer reporting agencies and others.
- 4) The undersigned understands that this PERSONAL FINANCIAL STATEMENT and all documentation provided in support of the application become the property of the Lender and will not be returned.
- 5) I/We authorize the Lender to contact me/us using any of the phone numbers listed on this application or that I/we subsequently provide in connection with my/our credit account – regardless whether the number I/we use is assigned to a paging service, cellular telephone service, specialized mobile radio service, other radio common carrier service or any other service for which I/we may be charged for the call. I/We further authorize the Lender to contact me/us through use of voice, text and email and through the use of prerecorded/artificial voice messages or an automatic dialing device.
- 6) I/We understand and agree that the granting of the credit facility is subject to final credit approval by the Lender. Falls City National Bank may, at any time, request additional financial information as a condition for such credit. If any of the information should prove inaccurate or incomplete in any material respect, the Lender may declare any indebtedness of the undersigned or indebtedness guaranteed by the undersigned, granted by the Lender, as the case may be, immediately due and payable. Collateral may be required as a condition of granting credit.

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 JOINT APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE

**If the above financial statement is being submitted for new credit or loan renewal:**

**USE THE FOLLOWING TABLE TO DETERMINE ADDITIONAL DOCUMENTATION THAT WILL BE REQUIRED TO CONSIDER YOUR REQUEST**

Credit Request	Minimum Information Required
Up to \$50,000	Current Personal Financial Statement Most recent personal tax return Recent Paystubs (2 months) Bank statements verifying cash on deposit Additional information may be required
\$50,000 and above	Current Personal Financial Statement 2 years recent personal tax returns Recent Paystubs (2 months) Bank statements verifying cash on deposit Additional information may be required *Updates of financials will be required annually or more often

