NATIONAL BANK OF COXSACKIE

FINANCIAL STATEMENT — Individual

Name _____

Home address _____ Phone _____

Business address _____ Phone _____

INSTRUCTIONS

Please:

1. Complete the Balance Sheet Section:
   a) Review the Balance Sheet
   b) Complete the appropriate schedules (Pages 2 & 3)
   c) Total each schedule's balances & transfer totals to Balance Sheet
   d) Complete the remaining Balance Sheet items
   e) Total Assets, Liabilities, & calculate Net Worth
2. Complete the remaining two Sections:
   a) Contingent Liabilities (Page 1)
   b) Income Statement (Page 4)
3. Sign & date Page 4 after reviewing financial & credit report statements
   (Please use additional sheets if necessary)

I guarantee that the information I have given you below is a true and accurate statement of my financial condition as of

_____, 20 _____

BALANCE SHEET

ASSETS		LIABILITIES	
Cash on Hand & in Accounts (Sch. 1)		Accounts Payable	
Accounts & Notes Receivable (Sch. 2)		Notes Payable (Sch. 6)	
U.S. Government Bonds		Mortgages (Sch. 5)	
Listed Marketable Stocks & Bonds (Sch. 3)		Instalment Loans (Sch. 7)	
Unlisted, Non-Liquid Stocks & Bonds (Sch. 4)		Life Insurance Loans	
Real Estate (Sch. 5)		Other Liabilities: (Detail Below)	
Life Insurance (Cash Value)			
Furniture & Fixtures			
Automobiles			
Other Assets: (Detail Below, Include IRA, KEOGH, & Vested Pension Funds)			
		Total Liabilities	
		Net Worth	
TOTAL		TOTAL	

CONTINGENT LIABILITIES

Do you have any contingent liabilities? If so, please describe:

As endorser, co-maker or guarantor? $_____

On leases or contracts? $_____

Amount of contested income tax liens $_____

Legal claims $_____

Other special debt $_____

Schedule 1: CASH ACCOUNTS

Depository Institution	In Name Of	Account Type	Balance

Total: _____

Schedule 2: NOTES AND ACCOUNTS RECEIVABLE

Debtor's Name	Purpose	Monthly Payment	(Specify if Principal and/or interest)	Balance

Total: _____

Schedule 3: LISTED MARKETABLE STOCKS AND BONDS

No. Shares	Issue	Owner	Pledged Yes	Pledged No	Market Value

Total: _____

Schedule 4: UNLISTED, NON-LIQUID STOCKS AND BONDS

No. Shares	Issue	Owner	Valuation Method	Value

Total: _____

Schedule 5: REAL ESTATE

No.	Location and Description	Title In Name Of	Purchase Date and Price	Market Value
1.				
2.				
3.				
4.				
5.				
6.				

Total: _____

	Mortgage	Collateral Position	Original Amount	Monthly Payment	(Specify if Principal and/or Interest)	Present Balance
1.						
2.						
3.						

Total: _____

Schedule 6: NOTES PAYABLE

Creditor's Name	Purpose	Collateral	Monthly Payment	(Specify if Principal and/or Interest)	Balance

Total: _____

Schedule 7: INSTALLMENT LOANS

Creditor's Name	Purpose	Collateral	Monthly Payment	Balance

Total: _____

INCOME STATEMENT

A simplified Income Statement is outlined below. If you would prefer to attach your Income Tax Return for a recent year, this form does not have to be completed.

Fiscal Year Ended , 20	Amount
Business Income	
Salary	
Commissions and Bonuses	
Dividends	
Interest	
Capital Gains	
Net Rental	
(Depreciation) $ _____ (Interest) $ _____ Other. (Describe Below)	
Total	

To: National Bank of Coxsackie

Notification of Changes

I will notify you promptly in writing if there should be any unfavorable change in my financial condition. Until I give you such notice or substitute a complete new written Financial Statement, the information below may be considered a substantially correct statement of my financial condition at any future time that I may apply to you for credit.

False or Misleading Statements

If any part of this statement should be false or misleading, I will, if you demand, immediately repay any or all of my debts to you, both my own and those I have guaranteed for others. You do not have to give me any specific advance notice that you are.

National Bank of Coxsackie normally obtains a consumer (credit) report on all principals of loan applicants and for updates, renewals, and extensions of that credit. Upon my request, the Bank will inform me if such a report has been obtained and will give me the name and address of the agency furnishing the report. I authorize the National Bank of Coxsackie to obtain such reports.

Date _____

Signature _____
Date of Birth _____
Social Security Number _____

Signature _____
Date of Birth _____
Social Security Number _____