



PERSONAL FINANCIAL STATEMENT

IMPORTANT: Read these directions before completing this statement

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and C
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all sections, providing information in Section B about the person upon whose alimony, support, or maintenance payments or income or assets you are relying.
- If you are applying for joint credit with another person, complete all sections providing information in Section B about the joint applicant.
- If this statement relates to your individual guaranty of the indebtedness of other person(s), firm(s) or corporation(s), complete Sections A and C
- If this statement relates to a joint guaranty with another person or if you are relying on the income or assets of another person to support the guaranty, complete all sections providing information in Section B about the person upon whose income or assets you are relying.

SECTION A – INDIVIDUAL INFORMATION (Type or Print)		SECTION B – OTHER PERSON INFORMATION (Type or Print)	
Name		Name	
Residence Address		Residence Address	
City, State & Zip		City, State & Zip	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State & Zip		City, State & Zip	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone
Are you a U.S. Citizen? Yes No		Are you a U.S. Citizen? Yes No	
Are you a Permanent Resident Alien? Yes No		Are you a Permanent Resident Alien? Yes No	

SECTION C – STATEMENT OF FINANCIAL CONDITION AS OF 20 ____

NOTE: Please check Box A if an asset or liability listed below is held by you individually. Check box B if an asset or liability listed below is held by the other person named in Section B above. Check both Box A and B if an asset or liability listed below is held by you jointly with another person.

A (√)	B (√)	ASSETS (Do not include assets of doubtful value)	In Dollars (omit cents)	A (√)	B (√)	LIABILITIES	In Dollars (omit cents)
		Cash on hand and in banks	\$			Notes payable to banks – secured	\$
		U.S. Gov't. & Marketable Securities (See Schedule A)	\$			Notes payable to banks -unsecured	\$
		Non-Marketable Securities (See Schedule B)	\$			Due to brokers	\$
		Securities held by broker in margin accounts	\$			Accounts payable to others – secured	\$
		Restricted or control stocks	\$			Amounts payable to others – unsecured	\$
		Partial interest in real estate equities (see Schedule C)	\$			Accounts and bills due	\$
		Real estate owned (See Schedule D)	\$			Unpaid income tax	\$
		Loans Receivable	\$			Other unpaid taxes and interest	\$
		Automobiles and other personal property	\$			Real estate mortgages payable (see Schedule D)	\$
		Cash value – life insurance (see Schedule E)	\$			Other debts – itemize:	\$
		Other assets – itemize:	\$				\$
			\$				\$
			\$				\$
			\$			TOTAL LIABILITIES	\$
			\$			NET WORTH	\$
		TOTAL ASSETS	\$			TOTAL LIABILITY AND NET WORTH	\$

SOURCES OF INCOME FOR YEAR ENDED	20 ____	PERSONAL INFORMATION
Salary	\$	Do you have a will? _____ If so, name of executor:
Bonuses & Commissions	\$	Are you a partner or Officer?
Real Estate Income	\$	Are you obligated to pay alimony, child support or separate maintenance payments: If so, describe.
Other Income (Alimony, child support, or separate maintenance. Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	\$	Are any assets pledged other than as described on schedules? If so, describe.
TOTAL	\$	Income tax settled through (date)
CONTINGENT LIABILITIES		Are you a defendant in any suits or legal actions?
		Personal bank accounts carried at:
		Have you ever been declared bankrupt? If so, describe.

(COMPLETE SCHEDULES)

SCHEDULE A – U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of Shares Or Face Value (Bonds)	Description	In Name of	Are These Pledged?	Market Value

SCHEDULE B – NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are These Pledged?	Source of Value	Value

SCHEDULE C – PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & Type of Real Estate Equities	Titled in the Name Of	% of Ownership	Date Acquired	Cost?	Market Value	Monthly Payment	Mortgage Amount

SCHEDULE D – REAL ESTATE OWNED

Address & Type of Real Estate Owned	Titled in the Name Of	Date Acquired	Cost?	Market Value	Monthly Payment	Mortgage Amount

SCHEDULE E – LIFE INSURANCE CARRIED AND GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F – BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name & Address of Lender	Credit in the Name Of	Secured or Unsecured?	Original Date	High Credit	Current Balance

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us.

_____	_____	_____	_____
Signature (Individual)	Social Security Number	Date of Birth	Date Signed
_____	_____	_____	_____
Signature (Individual)	Social Security Number	Date of Birth	Date Signed



NATIONAL BANK OF SOUTHWEST FLORIDA
IMPORTANT APPLICANT INFORMATION

Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. 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.

The Borrower, after having read the contents of the above disclosure, acknowledges receipt of this Disclosure and further acknowledges that this Disclosure was provided at time of application.

BORROWER:

Borrower Signature

Date

Borrower Signature

Date



Authorization to Request Financial Information

From time to time, National Bank of Southwest Florida will require certain financial documents pertaining to either me, personally or my Business. Please honor the bank's request for any and all financial documents that they may require including but not limited to Personal Financial Statements, Personal Federal Income Tax Returns, Business Federal Income Tax Returns, Rent Rolls, Trust Accounts and any other documents that may be necessary.

Thank you in advance for your attention to this matter.

Printed Business Name

Authorized Signature

Date

Printed Name

Signature

Date

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Port Charlotte, Florida 33980
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Fax: 941-258-3052