Personal Financial Statement

_____ Individual

_____ Joint

To: The Bank of San Jacinto County
P.O. Box 100, Coldspring, TX 77331

Accepted By: _____

Approved By: _____

Name: _____ Date: _____

_____ _____

For the purpose of procuring and maintaining credit from time to time in any form whatsoever with the above named Bank, for claims and demands against the undersigned, the undersigned submits the following as being a true and accurate statement of its financial condition of the following date, and agree that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against it, the undersigned will immediately and without delay notify the said, Bank, and unless the Bank is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned as of the close of business of this dated document. Income from alimony, child support or maintenance payments need not be revealed if the undersigned does not choose to disclose such income in applying for credit.

Assets

(List anything of value that you own, whether or not you still owe money for it or not)

Cash on Hand and in Banks	_____
US Government Securities	_____
Accounts and Notes Receivable	_____
Cash Surrender Value of Life Ins.	_____
Stocks and Bonds	_____
Real Estate	_____
Automobiles	_____
Livestock	_____
Utility Vehicles	_____
Guns, Jewelry, etc.	_____
Household	_____
Other Assets, Please list below	
_____	_____
_____	_____
_____	_____
_____	_____
Total of all Assets:	_____

Liabilities

(List anything that you still owe money for)

Notes payable to Banks	_____
Notes payable to relatives	_____
Notes payable to others	_____
Rents Due	_____
Taxes Due	_____
Liens on Real Estate	_____
Liens on Automobiles	_____
Liens on Livestock	_____
Liens on Utility Vehicles	_____
Credit Cards	_____
Other Liabilities, Please list below	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total of all Liabilities:	_____

Banking Relations:

Name of Banking relationships:

_____

_____

_____

Net Worth: _____
"Total Assets minus Total Liabilities"

Total Liabilities and Net Worth _____
"should equal same number as Total Assets"

CONFIDENTIAL

Life Insurance:

Policy 1

Name insured: _____

Beneficiary: _____

Insurance Company: _____

Face Amount: _____

Total cash value: _____

Yearly Premium _____

Is Policy Assigned? _____

Policy 2

Name insured: _____

Beneficiary: _____

Insurance Company: _____

Face Amount: _____

Total cash value: _____

Yearly Premium _____

Is Policy Assigned? _____

Real Estate Owned:

Street Address	Acres	Payment Amount	Market Value

Cash Flow:

	Per Month		Per Year
Sources of Cash:			
1. Salaries, Commissions, Bonus	_____	X 12	_____
2. Rents Received	_____	X 12	_____
3. Dividends	_____	X 12	_____
4. Interest Income	_____	X 12	_____
6. Royalties	_____	X 12	_____
7. Distributions	_____	X 12	_____
8. Other Sources of Cash	_____	X 12	_____
TOTAL CASH RECEIVED	_____	X 12	_____
Use of Cash:			
1. Personal Expenses (Utilities, rent, cellphone, etc.)	_____	X 12	_____
2. Bank Loan Payments	_____	X 12	_____
3. Credit Card Payments	_____	X 12	_____
4. Insurance Payments	_____	X 12	_____
5. Other uses of cash	_____	X 12	_____
TOTAL CASH OUTLAYS	_____	X 12	_____
CASH FLOW SURPLUS (DEFICIT) "Cash received minus Cash outlays"	_____	X 12	_____

The undersigned certifies that the information inserted on each side hereof has been carefully read and is true and correct.

Date: _____ Signed: _____

_____