

PERSONAL FINANCIAL STATEMENT AS OF

_ (Date)

Name, Phone No. of your Accountant

Name, Phone No. of your Attorney

Name, Phone No. of your Investment Advisor/Broker

Name, Phone No. of your Insurance Advisor

			PERSONAL IN	FORMATION				
PPLICANT (NAME)				CO-APPLICANT (NAME)				
mployer				Employer				
ddress of Employer				Address of Employer				
us. Phone No.	No. of Years	Title/Position		Bus. Phone No.	No. of Years	Title/Position		
	with Employer				with Employer			
ame of previous employer & position No. of Yrs.			No. of Yrs.	Name of previous employer & position			No. of Yrs.	
w/ current employer less than 3 yrs.)				(if w/ current employer less than 3 yrs.)				
ome Address			Home Address					
ome Phone No.	Social Security No.		Date of Birth	Home Phone No.	Social Security No.		Date of Birth	

Cash Income & Expenditures Statement For Year Ended

ANNUAL INCOME	AMOUNT (\$)	ANNUAL EXPENDITURES	AMOUNT (\$)
Salary (applicant)		Federal Income & Other Taxes	
Salary (co-applicant)		State Income & Other Taxes	
Bonuses & Commissions (applicant)		Rental Payments	
Bonuses & Commissions (co-applicant)		Co-op or Condo Fees	
Rental Income		Mortgage Payments (Residential)	
Interest Income		Mortgage Payments (Investment)	
Dividend Income		Property Taxes (Residential)	
Capital Gains		Property Taxes (Investment)	
Partnership Income		Interest & Principal Payments Loans	
Other Investment Income		Insurance	
Other Income (List)**		Investments (including tax shelters)	
		Alimony/Child Support	
		Tuition	
		Other Living Expenses	
		Medical Expenses	
		Other Expenses	
Total Income		Total Expenditures	

^{**}Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Name, Phone No. of your Accountant

Name, Phone No. of your Attorney

Name, Phone No. of your Investment Advisor/Broker

Name, Phone No. of your Insurance Advisor

ACCETC							
ASSETS		AMO	OUNT (\$)	LIABILITIES			AMOUNT (\$)
Cash in this Bank (incl. MMs,	CDs)			Notes Payable to this Bank			
Cash in Other Financial Instit	utions: (List on Schedule A)	1		Secured			
JS Government Bonds				Unsecured			
Readily Marketable Securities				Life Insurance Loans (Schedu			
Non-Readily Marketable Secu				Mortgage Debt - Personal (S	*		
accounts and Notes Receival				Mortgage Debt - Investment		· · · · · · · · · · · · · · · · · · ·	
Cash Surrender Value of Life Insurance (Schedule B)		Notes Due: Investments (Sch		nership			
Residential Real Estate (Schedule C) - 100% ownership			Notes Payable to Others (Schedule E)				
Real Estate Investments (Schedule C) - < 100% ownership			Secured				
Partnerships/Business/PC Interests (Schedule D)			Unsecured				
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts.			Accounts Payable (including o	redit cards, revolvers)			
Deferred Income (number of				Installment Notes Due			
ersonal Property (including	automobiles)			Margin Accounts			
Other Assets (list):				Unpaid Interest, Taxes Payab	le		
				Other Liabilities (list):			
						NET WORTH:	
	т	OTAL ASSETS:				TOTAL:	
CONTINGENT LIABILIT	TES						AMOUNT (\$)
							(.,
A WOULD BUILDING CO-mak	er or endorser for any debt	t of an individual corpo	ration or partners	nin)		Yes No.	
	er, or endorser for any debt		ration, or partnersl	nip?		Yes No	
Oo you have any outstanding	letters of credit or surety b		ration, or partnersl	nip?		Yes No	
Oo you have any outstanding	letters of credit or surety b		ration, or partnersl	nip?			
Oo you have any outstanding	letters of credit or surety b	oonds?		nip?	vestments)	Yes No	
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Total

BUSINESS/PROFESSIONAL (name): Total INVESTMENTS (including Tax Shelters): Total INVESTMENTS (including Tax Shelters): Total Total	INSURANCE COMPANY		FACE AMOUNT OF POLICY	TYPE OF POLICY	BENEFICIARY	CASH SURREN	DER VALUE	AMOUNT BORROWED	OWNERSHIP	
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PERSONAL RESIDENCE (Monthly Real Estate Payment Includes: Interest Tax Escrow Insurance Principal) Total	PROPERTY ADDRESS	OWNER	YEAR	PRICE	MARKET VALUE	BALANCE		INT. RATE.	PAYMENTS	LENDER
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FACILITY LINE/LOAN SECURED (Y/N) COLLATERAL INT. RATE MATURITY UNPAID BALANCE	*Note: For investments which represent	a material portion of your t	otal assets, please ir	nclude 3 years of the relevan	L.	turns along with supporting sche	edules, or in the case of partr	nership investments or S	S-corporations, schedule K-	Js.
FACILITY LINE/LOAN			otal assets, please ir	nclude 3 years of the relevan	L.	turns along with supporting sche	edules, or in the case of partr	nership investments or S	S-corporations, schedule K-	ls.
	SCHEDULE E - NOTE	S PAYABLE	otal assets, please ir		L financial statements or tax re					
	SCHEDULE E - NOTE	S PAYABLE	otal assets, please ir	TYPE OF	at financial statements or tax rel					UNPAID BALANCE
	SCHEDULE E - NOTE	S PAYABLE	otal assets, please ir	TYPE OF	at financial statements or tax rel					
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	SCHEDULE E - NOTE	S PAYABLE	otal assets, please in	TYPE OF	at financial statements or tax rel					
Total	SCHEDULE E - NOTE	S PAYABLE	otal assets, please in	TYPE OF	at financial statements or tax rel					

SCHEDULE B - INSURANCE (Life)

Please answer the following questions:			
I. Income tax returns filed through: If yes, what year(s)?	Are any returns currently being audited or contested?	Yes	No
2. Have (either of) you or any firm in which you were a major owner If yes, please provide details:	ever declared bankruptcy?	Yes	No
Do you have a will or trust? Yes No If yes, please furnish the name of the executor(s) or trustee(s) and	the year drawn:		
Number of dependents (excluding self) and relationship to applicar	nt:		_
5. Have you ever had a financial plan prepared for you?	Yes No		
6. Did you include 3 years federal and state tax returns?	Yes No		
7. Do (either of) you have a line of credit or unused credit facility at If so, please indicate where, how much, and name of Bank:	any other institution(s)?	Yes	No
8. Do you anticipate any substantial inheritances? Yes If yes, please explain:	No		
Representations & Warranties			
Notice: The Federal Equal Opportunity Act prohibits creditors from a (provided the applicant has the capacity to enter into a binding contrain good faith exercised any right under the Consumer Credit Protect Insurance Corporation. The address is: FDIC Consumer Response Compassion of the Consumer Response Compassion (not where minor children are the sex of Canton is: The Massachusetts Commission Against Discrimination, Compassion of the Consumer Response Conton is: The Massachusetts Commission Against Discrimination, Consumer Response Conton is:	act); because all or part of the application Act, the federal agency that admicenter, 1100 Walnut Street, Box #1 dit applicants on the basis of race, cobject) children, or handicap. The st	ant's income deri ninisters compliand I, Kansas City, Mi olor, religious cree ate agency that ac	ves from any public assistance program; or because the applicant has ce with this law concerning this creditor is the Federal Deposit ssouri 64106. ed, national origin, sex, gender identity, age, genetic information,
The information contained in this statement is provided to induce The guarantee of the undersigned. The undersigned acknowledge and und to accept a guarantee thereof. Each of the undersigned represents, we to notify The Bank of Canton immediately and in writing of any chang statement or (2) in the financial condition of any of the undersigned of such notice or a new and full written statement, this should be concequired above, or if any of the information herein should prove to be or the indebtedness guaranteed by the undersigned, as the case may necessary to verify the accuracy of the information contained herein agency to give The Bank of Canton any information it may have on the with the undersigned. As long as any obligations or guarantee of the of this personal financial statement and any other financial or other information.	lerstand that The Bank of Canton is arrants and certifies that the inform the inname, address, or employment for (3) in the ability of any of the undisidered as a continuing statement a e inaccurate or incomplete in any must, immediately due and payable. The and to determine the credit-worthing undersigned. Each of the undersigned to The Bank of Canton	relying on the info ation provided he and of any materi ersigned to perfor ind substantially co aterial respect, TI se Bank of Canton ness of the unders ned authorizes TI is outstanding, the	ormation provided herein in deciding to grant or continue credit or rein is true, correct and complete. Each of the undersigned agrees all adverse change (I) in any of the information contained in this rm its (or their) obligations to The Bank of Canton. In the absence or rect. If the undersigned fail to notify The Bank of Canton as the Bank of Canton may declare the indebtedness of the undersigned is authorized to make all inquiries The Bank of Canton deems igned. The undersigned authorize any person or consumer reporting the Bank of Canton to answer questions about its credit experience and undersigned shall supply annually an updated financial statement.
Penalty for knowingly making any false statement or willfully overvalu years, or both - Title 18 United States Code, Sec. 1014	ing assets on this Financial Statemen	t; Fine of not mor	re than \$1,000,000 or imprisonment of not more than thirty (30)
Date	Your Signature:		-
Date	Co-Applicant's Signature: (If you are requesting the financial a	accommodation jo	- pintly)

 $\label{thm:please} \mbox{Please see attached Supplemental Disclosure Form which is incorporated herein.}$

SUPPLEMENTAL DISCLOSURE FORM	I intend to apply for <u>individual</u> credit
	We intend to apply for <i>joint</i> credit
cant(s)	
cant(s)	
nt Requested	
eral	
Notice of Apprais	sal Availability
	which the Bank will have a first lien, we may order an appraisal to will promptly give you a copy of any appraisal, even if your loan does our own cost.
Signature of Applicant Date	Signature of Applicant Date
kisting and new loan(s) to individuals or sole proprietorships that urchase, rehab or refinance, please complete the information bel	t are secured by residential structure(s) whereby the purpose is for low:
e basis of this information, or on whether you choose to provide it. this application in person, federal regulations require us to note you walso provides that we may not discriminate on the basis of age or netions: You may select one or more "Hispanic or Latino" origins and or all of this information, select the applicable check box. city spanic or Latino	Race American Indian or Alaska Native – Enter name of enrolled
Mexican Puerto Rican Cuban Other Hispanic or Latino – Enter origin: Examples: Argentinean, Colombian, Dominican, Nicaraguan,	or principal tribe: Asian Asian Chinese Filipino Japanese Korean Vietnamese
Salvadoran, Spaniard, etc.	Other Asian – Enter race:
O not wish to provide this information	☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander
	☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan
	Other Pacific Islander – <i>Enter race</i> :
male ale	
a not wish to provide this information	Examples: Fijian, Tongan, etc.
	☐ White ☐ I do not wish to provide this information
e Completed by Lender (for application taken in person):	
the ethnicity of the Borrower collected on the basis of visual observation of the Borrower collected on the basis of visual observation of the race of the Borrower collected on the basis of visual observation.	or surname? ONO OYES
the sex of the Borrower collected on the basis of visual observation of	or surname? ONO OYES