



PERSONAL FINANCIAL STATEMENT AS OF _____

| PERSONAL INFORMATION | | | | | |
|--|----------------------------|----------------|--|----------------------------|----------------|
| APPLICANT NAME _____ | | | CO-APPLICANT _____ | | |
| Social Security Number: _____ US Citizen [] Yes [] NO If no, resident Alien No. | | | Social Security Number: _____ US Citizen [] Yes [] NO If no, resident Alien No. | | |
| Employer | | | Employer | | |
| Address of Employer | | | Address of Employer | | |
| Business Phone No. | No. Of Years with Employer | Title/Position | Business Phone No. | No. Of Years with Employer | Title/Position |
| Name of previous employer & position (if with current employer less that 3 yrs.) | | No. of Yrs. | Name of previous employer & position (if with current employer less that 3 yrs.) | | No. of Yrs. |
| Home Address | | | Home Address | | |
| Home Phone No. | Social Security No. | Date of Birth | Home Phone No. | Social Security No. | Date of Birth |
| Name, Phone No. of your Accountant | | | Name, Phone No. of your Accountant | | |
| Name, Phone No. of your Attorney | | | Name, Phone No. of your Attorney | | |
| Name, Phone No. of your Investment Advisor/Broker | | | Name, Phone No. of your Investment Advisor/Broker | | |
| Name, Phone No. of your Insurance Advisor | | | Name, Phone No. of your Insurance Advisor | | |

Annual Income & Expenditures Statement For Year Ending 2022 (Omit cents)

| | | | |
|-------------------------------------|-----------|---|-------------|
| Salary (applicant) | \$ | Federal Income and Other Taxes | \$ |
| Salary (Co-applicant) | | State Income and Other Taxes | |
| Bonuses & Commission (applicant) | | Rental Payments, Co-op or Condo Maintenance | |
| Bonuses & Commission (co-applicant) | | Mortgage Payments | Residential |
| Rental Income | | Property Taxes | Investment |
| Interest Income | | Interest & Principal Payments on Loans | Residential |
| Dividend Income | | Insurance | Investment |
| Capital Gains | | Investments (including tax shelters) | |
| Partnership Income | | Alimony/Child Support | |
| Other Investment Income | | Tuition | |
| Other Income (List) ** | | Other Living Expenses | |
| | | Medical Expenses | |
| | | Other Expense (List) | |
| TOTAL INCOME | \$ | TOTAL EXPENSES | \$ |

Any significant changes in the next 12 months? Yes No (If yes, attach information)

**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.

(These forms are intended for use in commercial lending transactions. Where any other use is contemplated, it is suggested that a careful review be made to ensure compliance with applicable laws and regulations).

Balance Sheet as of _____

| ASSETS | AMOUNT(S) | LIABILITIES | AMOUNT(S) |
|--|------------------|---|------------------|
| Cash in this Bank (including money market accounts, CD's) | | Notes Payable to this Bank | X X X |
| | | Secured | \$ |
| | | Unsecured | |
| Cash in Other Financial Institutions (List) (including money market accounts, CD's) | | Notes Payable to Others (Schedule E) | X X X |
| | | Secured | |
| | | Unsecured | |
| | | Accounts Payable (including credit cards) | |
| | | Margin Accounts | |
| Readily Marketable Securities (Schedule A) | | Notes Due: Partnership (Schedule D) | |
| Non-Readily Marketable Securities (Schedule A) | | Taxes Payable | |
| Accounts and Notes Receivable | | Mortgage Debt (Schedule D) | |
| Net Cash Surrender Value of Life Insurance (Schedule B) | | Life Insurance Loans (Schedule B) | |
| Residential Real Estate (Schedule C) | | Other Liabilities (List): | |
| Real Estate Investments (Schedule C) | | | |
| Partnership / PC interests (Schedule D) | | | |
| IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts. | | | |
| Deferred income (number of years deferred _____) | | | |
| Personal Property (including automobiles) | | | |
| Other Assets (List): | | | |
| | | | |
| | | | |
| | | TOTAL LIABILITIES | |
| | | NET WORTH | |
| | \$ | | \$ |

| CONTINGENT LIABILITIES | YES | NO | AMOUNT |
|---|--------------------------|--------------------------|---------------|
| Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation or partnership? | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ |
| Do you have any outstanding letters of credit or surety bonds? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Are there any suits or legal actions pending against you? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Are you contingently liable on any lease or contract? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Are any of your tax obligations past due? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| What would be your total estimated tax liability if you were to sell your major assets? | | | _____ |
| If yes for any of the above, give details: | | | |

| Schedule A – All Securities (Including non-money market mutual funds) | | | | | | | |
|--|-------------|----------|------------|------|-------------------------|--------------------------|--------------------------|
| No. of Shares (Stock or Face Value (Bonds)) | DESCRIPTION | OWNER(S) | WHERE HELD | COST | CURRENT MARKET VALUE | PLEDGE | |
| | | | | | | YES | NO |
| READILY MARKETABLE SECURITIES (Including U. S. Governments and Municipals)* | | | | | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| NON-READILY MARKETABLE SECURITIES (closely held, traded, or restricted stock) | | | | | | | |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

*If not enough space, attach a separate schedule or brokerage statement and enter totals only.

| Schedule B – Insurance | | | | | | |
|---|-----------------------|----------------|-------------|----------------------|-----------------|-----------|
| Life Insurance (use additional sheets) | | | | | | |
| Insurance Company | Face Amount of Policy | Type of Policy | Beneficiary | Cash Surrender Value | Amount Borrowed | Ownership |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Disability Insurance | Applicant | Co-Applicant |
|----------------------------------|------------------|---------------------|
| Monthly Distribution of Disabled | | |
| Number of Years Covered | | |

| Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only) | | | | | | | | | |
|---|-------------|----------|-------|--------------|----------------------|---------------|--------------------|-----------------|--------|
| Personal Residence Property Address | Legal Owner | Purchase | | Market Value | Present Loan Balance | Interest Rate | Loan Maturity Date | Monthly Payment | Lender |
| | | Year | Price | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Investment Property Address | Legal Owner | Purchase | | Market Value | Present Loan Balance | Interest Rate | Loan Maturity Date | Monthly Payment | Lender |
| | | Year | Price | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Schedule D – Partnerships (less than majority ownership for real partnerships)* | | | | | | | |
|--|----------------------------|------|---------------|----------------------|---|-------------------------|--|
| Type of Investment | Date of Initial Investment | Cost | Percent Owned | Current Market Value | Balance Due on Partnership: Holds, Cash, Call | Final Contribution Date | |
| Business/Professional (indicate name): | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Investments (including Tax Shelters): | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

***Note:** For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments of S-corporations, schedule K-1s.

| Schedule E – Notes Payable | | | | | | | | |
|-----------------------------------|------------------|----------------|--------------------------|--------------------------|------------|---------------|----------|----------------|
| Due to | Type of Facility | Amount of Line | Secured | | Collateral | Interest Rate | Maturity | Unpaid Balance |
| | | | Yes | No | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | | | | |

Please Answer the Following Questions:

1. Income tax returns filed through (date): _____ Are any returns currently being audited or contested? Yes No
If yes, what years (s) _____
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? Yes No
If yes, please provide details: _____
3. Have you drawn a will? Yes No
If yes, please furnish the name of the executor(s) and year will was drawn: _____
4. Number of dependents (excluding self) and relationship to applicant: _____
5. Have you ever had a financial plan prepared for you? Yes No
6. Did you include two years federal and state tax returns? Yes No
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? Yes No
If so, please indicate where, how much, and name of banker: _____

8. Do you anticipate any substantial inheritances? Yes No
If yes, please explain: _____

Date

Your Signature

Date

Co-Applicant's Signature (If you are requesting
The financial accommodation jointly)

CCG 01-2022 – We authorize and give permission to Coastal Commercial to run our credits.