

COMMERCIAL REAL ESTATE LOAN APPLICATION PERSONAL FINANCIAL STATEMENT AS OF ____

| Data | |
|------|--|

Submitted to:

| | | | | PERSONAL I | NFORMATION | | | | | |
|---|-------------------------|-------------------|------------|---------------------|---|-------------------------|---|----|------------|--|
| APPLICANT (NA | AME) | | | CO-APPLICANT (NAME) | | | | | | |
| Home Address | | | | | Home Address | | | | | |
| Home Phone No. | Cell Phone N | o. F | Fax No. | | Home Phone No. | Cell Phone No. | Cell Phone No. Fax No. | | | |
| Email Address | | | | | Email Address | | | | | |
| Social Security No. | | Date of Bi | rth | | Social Security No. | | Date of Birt | h | | |
| Employer | | | | | Employer | | | | | |
| Address of Employer | | | | | Address of Employer | | | | | |
| Business Phone No. | No. of Year Employer | s with | Title/Po | sition | Business Phone No. | No. of Year Employer | No. of Years with Employer Title/Position | | | |
| Name of previous empless than 3 yrs.) | oloyer & position | n (if with curren | t employer | No. of Yrs. | Name of previous employer & position (if with current employer less than 3 yrs.) No. of Yrs. | | | | | |
| Name / Phone No. of | your Accountant | İ | | l | Name / Phone No. of your Accountant | | | | | |
| Name / Phone No. of your Attorney | | | | | Name / Phone No. of your Attorney | | | | | |
| Name / Phone No. of your Insurance Advisor | | | | | Name / Phone No. of your Insurance Advisor | | | | | |
| Cash Income & Expenditures Statement For Year Ended | | | | | (Omit (| Cents) | | | | |
| ANNUAL INCOME AMOUNT (\$) | | | | | ANNUA | L EXPENDIT | URES | AN | MOUNT (\$) | |

Salary (applicant) Salary (co-applicant) Bonuses & Commissions (applicant) Bonuses & Commissions (co-applicant) Rental Income Dividend/Interest Income Capital Gains Partnership Income Other Investment Income Alimony/Child Support Social Security Pension Other Income (List)** TOTAL INCOME

| · | | 1 |
|-------------------------------|---------------------------|-------------|
| ANNUAL EXPE | NDITURES | AMOUNT (\$) |
| Federal Income and Other Ta | xes | |
| State Income and Other Taxes | S | |
| Rental Payments, Co-op, or C | Condo Maintenance | |
| Mortgage Payments | Residential Investment | |
| Property Taxes | Residential Investment | |
| Interest & Principal Payments | s on Loans | |
| Insurance | | |
| Investments (including tax sh | elters) | |
| Alimony / Child Support | | |
| Tuition | | |
| Other Living Expense | | |
| Medical Expenses | | |
| | | |
| Other Expense (List) | | |
| TOTAL EXPENDITU | RES | |

Any significant changes expected 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.

| ASSETS | AMOUNT | L | LIABILITIES | AMOUNT | (\$) |
|---|------------------------|--------------------|------------------------------|-------------|-------------|
| Cash in this Bank | 12112 22 . | Notes Payable t | | | (4) |
| (including money market accounts, CDs) | | Secured | | | |
| Cash in Other Financial Institutions (List) | - I | Unsecured | | | - |
| (including money market accounts, CDs) | 1 | Notes Payable t | to Others (Schedule E) | | |
| | | Secured | | | |
| | | Unsecured | | | |
| | | - | ble (including credit cards) | | |
| | | Margin Accoun | | | |
| Readily Marketable Securities (Schedule A) | | | tnership (Schedule D) | | |
| Non-Readily Marketable Securities (Schedule A) | | Taxes Payable | | | |
| Accounts and Notes Receivable | | Mortgage Debt | | | |
| Net Cash Surrender Value of Life Insurance (Schedule B) | | | Loans (Schedule B) | | |
| Residential Real Estate (Schedule C) | | Other Liabilitie | es (List): | | |
| Real Estate Investments (Schedule C) | _ | | | | |
| Partnerships / 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): | | | | | |
| | <u> </u> | | | | |
| | <u> </u> | | | | |
| TOTAL ACCETS | | | TOTAL LIABILITIE | | |
| TOTAL ASSETS | | | TOTAL LIABILITIE | ·S | |
| | | | NET WORTI | п | |
| | | | NEI WUNII | Н | |
| General Questions | | YE | S NO AMOUNT | \neg | |
| Are you a guarantor, co-maker, or endorser for any debt of an individ | hual corporation or a | partnership? | | | |
| Do you have any outstanding letters of credit or surety bonds? | iuai, corporation or i | oarmersnip: \Box | - | | |
| Are there any suits or legal actions pending against you? | | | | [| |
| | | _ | | | |
| Are you contingently liable on any lease or contract? | | _ | | | |
| Are any of your tax obligations past due? | | | | [| |
| Are you a U.S. Citizen? | | | | | |
| Are you a permanent resident alien? | | | | | |
| If yes for any of the above, give details: | | | | | |
| | | | | | |
| | | | | | |
| Schedule A - All Securities (including non-money n | market mutual | funds) | | | |
| No. of Shares | | | T | | |
| (Stock) or Face DESCRIPTION OWNER(S) Value (Bonds) | WHERE HELD | COST | CURRENT MARKET VA | | |
| READILY MARKETABLE SECURITIES (including U.S. Gov | | -:-imala)* | | YES | NO |
| READILY MARKETABLE SECURITIES (including 0.5. 90) | /ernment and ivid | пстрату | T | | _ |
| | | | | | |
| | _ | | - | | |

| Value (Danda) | DESCRIPTION | OWNER(3) | WHERE HELD | COST | CORRENT MARKET VALUE | ILED | | | |
|---------------|--|----------------------|------------------|-------------|----------------------|------|----|--|--|
| Value (Bonds) | | | | | | YES | NO | | |
| READILY MARK | ETABLE SECURIT | TIES (including U.S. | Government and M | unicipals)* | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| NON-READILY N | NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock) | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

| Schedule B - Insurance Life Insurance (use additional sheet if necessary) | | | | | | | |
|---|-----------------------------|----------------|-------------|----------------------------|--------------------|-----------|--|
| Insurance Company | Face Amount of Policy | Type of Policy | Beneficiary | Cash Surrender Value | Amount Borrowed | Ownership | |
| | | | | | | | |
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| | | | | | l | | |

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

| Schedule C - Person | ıal Res | idence & Re | al Estat | e Investi | ments, G | lobal M | ortgage Debi | t | | |
|--|--------------------|----------------------------|---------------|--------------|-----------------|----------------------------|--|---------------------------|--|-------------------------|
| Personal Residence / Investment Property Address | No. of Units | Legal Owner/ % owned | Purch Year | ase Price | Market Value | Present Loan Balance | Monthly Loan Payment (Not Including Ins./Taxes) | Total Annual Income | Total Annual Expenses (Including Ins/Taxes) | Lender & Loan Number |
| | | Please use se | parate at | tached sl | neet in loa | n packag | ge if more spac | e is require | d. | |
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| | | | | | | | | | | |
| | Total | | | | | | | | | |

| Schedule D - Partnerships (Other than Real Estate)* | | | | | | | |
|---|----------------------------------|------|------------------|-------------------------|---|-------------------------------|--|
| Type of Investment | Date of Initial Investment | Cost | Percent Owned | Correct Market Value | Balance Due on Partnerships: Notes, Cash Call | Final Contribution Date | |
| Business / Professional (Indicate name): | | | | | | | |
| | | | | | | | |
| Investments (Including Tax Shelters): | | | | | | | |
| | | | | | | | |
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^{*}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 or S-corporations, schedule K-1s.

| Schedule E - Notes Payable | | | | | | | | |
|----------------------------|---------------------|-------------------|-------------|------------|------------|---------------|----------|----------------|
| Due to | Type of Facility | Amount of Line | Secu Yes | ired No | Collateral | Interest Rate | Maturity | Unpaid Balance |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| Please Answer The Following Questions: |
|---|
| . Income tax returns filed through (date): Are any returns currently being audited or contested? \square Yes \square No |
| If yes, what year(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: |
| 8. Have you drawn a will? |
| If yes, please furnish the name of the executor(s) and year will was drawn: |
| Number of dependents (excluding self) and relationship to applicant: |
| 5. Have you ever had a financial plan prepared for you? |
| 5. Did you include two years federal and state tax returns? |
| 7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? |
| If so, please indicate where, how much, and name of banker: |
| B. Have you directly or indirectly been obligated on any loan which resulted in a foreclosure, transfer or title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond or loan guarantee?) Yes No If "Yes", please provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action. |
| 9. Do you anticipate any substantial inheritances? |
| Representations and Warranties The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided |

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquires you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

| Date | Your Signature |
|------|--|
| Date | Co-Applicant's Signature (if you are requesting the financial accommodation jointly) |

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Office of Thrift Supervision, 1475 Peachtree St. N.E., Atlanta, GA 30309.

Information for Government Monitoring Purposes

The following information is requested by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "Race". The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race, and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check below.

| Applicant: | | Co-Applicant: |
|--|--|--|
| ☐ I do not wish to furnish this information | rmation | ☐ I do not wish to furnish this |
| Ethnicity: Hispanic or Latino Not Hispanic or Latino | | Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino |
| Race: ☐ American Indian or Alaska Nation ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacifi Islander ☐ White | | Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific ☐ White |
| Sex: Female Male | | Sex: ☐ Female ☐ Male |
| To be Completed by Interviewer | | |
| Interviewer's Name (print or type) | | |
| Name and Address of Interviewer's employer This application was taken by: | | |
| Face-to-face interview By mail By telephone | Interviewer's Signature | |
| | Interviewer's Phone Number (incl. area | a code) |
| | | |