TO APPLICANT - PREPARE IN DUPLICATE AND KEEP COPY



102 Colony Park Dr., Suite 700 Cumming, GA 30040 Office: 770.888.9981 Fax: 770.887.5567 info@CharabancFinancial.com

## PERSONAL FINANCIAL STATEMENT

NAME (FULL)			SOCIAL SECURITY NO.			
1			1			
2			2			
HOME ADDRESS			·			
1 INSTRUCTIONS			DATE OF STATEMENT			
1. Fill all blank spaces. 2. Inse	ary. tal Liabilities	DATE OF STATEMENT				
If space is insufficient, attach supplement list. plu	us (+) Net Worth					
ASSETS	LIABILITIES					
CASH (SCHEDULE 1)	\$	NOTES PAYABL	\$			
INVESTMENT – BONDS & STOCKS (SCHEDULE 2)	\$	NOTES PAYABL	\$			
ACCOUNTS & NOTES RECEIVALBLE (SCHEDULE 3)	\$	LOANS ON LIFE	\$			
REAL ESTATE OWNED (SCHEDULE 4)	\$	REAL ESTATE	NORTGAGE (SCHEDULE 4)	\$		
CASH VALUE OF LIFE INSURANCE (FACE VALUE \$ )	\$	INSTALMENT LO	\$			
AUTO: YEAR MAKE	\$	OPEN ACCOUN	\$			
AUTO: YEAR MAKE	\$	FEDERAL INCO	\$			
OTHER ASSETS (ITEMIZE)	\$	OTHER LIABILIT	\$			
	\$			\$		
	\$	TOTALLIABILIT	ES	\$		
	\$	NET WORTH (TO	\$			
TOTAL ASSETS \$		TOTAL LIABILITIES + TOTAL NET WORTH \$				
SOURCES OF INCOME		PERSONAL INFORMATION				
SALARY 1.		OCCUPATION O	R TYPE OF BUSINESS			
2.		2.				
BONUS & COMMISSIONS 1.		EMPLOYER 1.		HOW LONG EMPLOYED 1.		
2.		2.		2.		
DIVIDENDS & INTEREST 1.		POSITION HELD 1.	) 			
2.		2.				

The Federal Equal Opportunity Act prohibits creditors from discriminating against applicants: on the basis of race, color, religion, national origin, sex, marital status, age (provided that 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 Comptroller of the Currency, Consumer Affairs Division, Washington, D.C. 20219

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RENTS & ROYALTIES				NUMBER OF DEPENDENTS YOUR AGE 1.			2.
OTHER (ITEMIZE)			ALIMONY-CHILD SUPPORT: Inclusion of alimony, separate maintenance, or child support as income is voluntary. If you choose to include such payments, please describe it by the court and case number, the amount, and the name and address of the person obligated to pay that amount to you.				
ANNUAL INCOME				If you are res please give p	ponsible for paying alimony, se articulars of the obligation, alon	parate maintenance, o g with your other oblig	r child support, gations.
	ENDOSER OR COMAKER ON NOTES: 1) YES D NO D		2) `	YES NO	BRIEF DESCRIPTION:		
CONTINGENT LIABILITIES	DEFENDANT IN ANY LEGAL ACTION	l: 1) YES □ NO □		YES 🗆 NO 🗆			
	LETTERS OF CREDIT:	1) YES 🗆 NO 🗆	2) `	YES NO			

SCHEDULE 1	NAME OF BANK & LOAN ASS		S TIT	TITLE OF ACCOUNT		TYPE OF ACCOUNT		AMOUNT		
									\$	
CASH										
САЗН										
								OTAL ASH		
SCHEDULE 2	DESCRIPTION	REGISTERED NAME OF		NO. SHARES CLAS BOOK OR PAR S VALUE		Mar Val		WHERE PLEDGED		
INVESTMENTS STOCKS & BONDS										
SCHEDULE 3	OWNED BY		MA RIT		AMOUNT DUE		SECURITY – IF ANY			
ACCOUNTS &										
NOTES										
RECEIVABLE										
	DECONTROL					DKET	NODT	0405	1	
SCHEDULE 4	DESCRIPTION AND LOCATION	TITLE IN	NAME OF	AME OF		MARKET VALUE		gage Der	BALANCE	MO. Payment
REAL ESTATE OWNED										
SCHEDULE 5	OWED TO	AMOUNT	DUE	DUE REPAYMENT SCHEDULE				SI	SECURED BY	

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NOTES PAYABLE							
I CONFIRM THAT THIS FINANCIAL STATEMENT IS GIVEN TO YOU BY ME FOR THE PUROSE OF OBTAINING CREDIT FROM TIME TO TIME; THAT I HAVE READ THE SAME AND THAT IT IS TRUE AND COMPLETE. I AGREE THAT IF, IN YOUR SOLE OPINION, THIS FINANCIAL STATEMENT IS FOUND TO BE INCORRECT, ANY ONE OR MORE OR ALL OF MY OBLIGATIONS TO YOU, AT YOUR SOLE DISCRETION, MAY BE MATURED BY YOU WITHOUT DEMAND UPON OR NOTICE TO ME.							

Please fax or email to CHARABANC Fax: 770.888.9975 Email: info@CharabancFinancial.com

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