



PO Box 727 • Goshen, IN 46527
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Personal Financial Statement

| INDIVIDUAL INFORMATION (type or print) | | JOINT PARTY INFORMATION (type or print) | |
|--|------------|---|------------|
| Name | | Name | |
| Address | | Address | |
| City/State/Zip | | City/State/Zip | |
| Position or Occupation | | Position or Occupation | |
| Employer's Name | | Employer's Name | |
| Employer's Address | | Employer's Address | |
| City/State/Zip | | City/State/Zip | |
| Length of Employment | | Length of Employment | |
| Home Phone | Cell Phone | Home Phone | Cell Phone |
| Business Phone | E-mail | Business Phone | E-mail |

| Schedule 1 CASH ON HAND | | |
|-------------------------|-----------------|---------|
| Institution | Type of Account | Balance |
| | | |
| | | |
| | | |
| Total | | |

| Schedule 2 SCHEDULE OF REAL ESTATE OWNED | | | | | | |
|--|---------------|------------------|------|--------------|-----------|---------|
| Description of Property and Improvements | Date Acquired | Title In Name of | Cost | Market Value | Mortgages | |
| | | | | | Balance | Payment |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |

| Schedule 3 ALL OTHER LOANS OR DEBTS | | | |
|-------------------------------------|------------|---------|---------|
| Financial Institution | Collateral | Balance | Payment |
| | | | |
| | | | |
| | | | |
| Total | | | |

| Schedule 4 SCHEDULE OF U.S. GOVERNMENTS, STOCKS AND BONDS OWNED | | | |
|---|--------------|------------|--------------|
| No. of Shares or Face Value (Bonds) | Descriptions | In Name of | Market Value |
| | | | |
| | | | |
| | | | |
| Total | | | |

| Schedule 5 SCHEDULE OF LIFE INSURANCE | | | | |
|---------------------------------------|-----------------|-------------|----------------------|-------|
| Amount | Name of Company | Beneficiary | Cash Surrender Value | Loans |
| | | | | |
| | | | | |
| Total | | | | |

