

PERSONAL FINANCIAL STATEMENT

TO: AMERICAN PLUS BANK, N.A.

NAME IN FULL			SOCIAL SECURITY NO.		AGE	MARITAL STATUS:		DEPENDENTS	
						<input type="checkbox"/> MARRIED	NUMBER _____	<input type="checkbox"/> UNMARRIED	AGES _____
RESIDENCE ADDRESS (NO. STREET, CITY, STATE, ZIP CODE)			YRS. AT ADDRESS		TELEPHONE & EXT.		YRS. OF EDUCATION (CHECK ONE)		
							<input type="checkbox"/> UNDER 12 YRS.	<input type="checkbox"/> 12 YRS.	
							<input type="checkbox"/> 13-15 YRS.	<input type="checkbox"/> 16 YRS. AND OVER	
PREVIOUS ADDRESS IF AT ABOVE ADDRESS LESS THAN 2 YEARS (NO. STREET, CITY, STATE, ZIP CODE)									
EMPLOYER			OCCUPATION		ADDRESS (NO. AND STREET)		CITY		TELEPHONE & EXT.

SPOUSE INFORMATION SECTION

SPOUSE'S NAME			SOCIAL SECURITY NO.		AGE	OCCUPATION			
EMPLOYER			ADDRESS (NO. AND STREET)		CITY		TELEPHONE & EXT.		

FINANCIAL CONDITION AS OF _____, 200__

ASSETS		AMOUNT		LIABILITIES		AMOUNT	
CASH	AMERICAN PLUS BANK N.A.	OFFICE		NOTES PAYABLE TO BANKS	AMERICAN PLUS BANK N.A.	OFFICE	
	OTHER BANKS				OTHER (Itemize, Schedule 4)		
STOCKS AND BONDS	LISTED (Schedule 1)			OTHER NOTES AND ACCOUNTS PAYABLE	REAL ESTATE LOAN (SCHEDULE 4)		
	Unlisted (Schedule 1)				SALES CONTRACTS & Sec Agreements (Sch.4)		
			LOANS ON LIFE INSURANCE POLICIES (SCH.4)				
REAL ESTATE	IMPROVED (Schedule 2)			TAXES PAYABLE	CURRENT YEAR'S INCOME TAXES UNPAID		
	UNIMPROVED (Schedule 2)				PRIOR YEAR'S INCOME TAXES UNPAID		
	TRUST DEEDS AND MORTGAGES (Schedule 3)				REAL ESTATE TAXES UNPAID		
LIFE INSURANCE	CASH SURRENDER VALUE			OTHER LIABILITIES	UNPAID INTEREST		
ACCOUNTS AND NOTES RECEIVABLE	RELATIVES AND FRIENDS (Schedule 4)				OTHERS (Itemize, Schedule 4)		
	COLLECTIBLE (Schedule 4)						
	DOUBTFUL (Schedule 4)						
OTHER PERSONAL PROPERTY	AUTOMOBILE			TOTAL LIABILITIES:			
	OTHER (ITEMIZE, Schedule 4)			NET WORTH:			
		TOTAL:		TOTAL:			

ANNUAL INCOME		(Refer To Federal Income Tax Returns for Previous Year)	ANNUAL EXPENDITURES		(Refer To Federal Income Tax Returns for Previous Year)
SALARY OR WAGES			PERSONAL TAXES AND ASESMENTS		
DIVIDENS AND INTEREST			FEDERAL AND STATE INCOME TAXES		
RENTALS (GROSS)			REAL ESTATE LOAN PAYMENTS		
BUSINESS OR PROFESSIONAL INCOME (NET)			INSURANCE PREMIUMS		
and maintenance income need not be listed unless it is to be considered for granting credit			ESTIMATED LIVING EXPENSES		
			OTHER (Alimony, Child Support, Maintenance)		
TOTAL INCOME:			TOTAL EXPENDITURES:		

Note: If your are married and not separated, and unless you indicate otherwise, all income and assets will be presumed to be community property and all debts will be presumed to be liabilities of community property.

LIFE INSURANCE	FACE AMOUNT	BENEFICIARY	COMPANY

Give details of any contingent liability as endorser or guarantor, or on suits or judgments pending. (if necessary, use separate sheet)

Do you do business with any other bank? _____ If so, give details.

Have you ever filed any petition under the Bankruptcy Act? _____

Are any of the assets listed on this statement held under a Trust Agreement? Yes or No

Have your Income Tax Returns ever been questioned by the Internal Revenue Service? _____ If so, most recent year _____

SCHEDULE 1: LISTED AND UNLISTED STOCKS AND BONDS OWNED

No. of shares or par value	Description	Issued in Name of	Joint tenancy Ten. In	Market Value
			Common Comm Property	
LISTED				
TOTAL LISTED:				
UNLISTED				
TOTAL UNLISTED:				

Are any of the above listed securities pledged to secure a debt?

SCHEDULE 2: REAL ESTATE OWNED (DESIGNATE: I = IMPROVED. U = UNIMPROVED)

Location or description	Title in Name of	Date Acq'd	Joint tenancy Ten. In Common Comm Property	Cost	Present Value	Trust Deeds, Mortgages or Other Liens			
						Unpaid Bal.	Rate %	Monthly Payment	Help By
TOTAL:						XXXXXXXXXXXXXXXXXXXXXXXXXX			

SCHEDULE 3: TRUST DEEDS AND MORTGAGES OWNED

Name of Payer	Legal Desc., Street Address, & Type of Improvements	Unpaid Bal.	Joint tenancy Ten. In Common Comm Property	Terms	1st or 2nd Lien	Value of Property
TOTAL:				XXXXXXXXXXXXXXXXXXXXXXXXXX		

SCHEDULE 4: DETAILS RELATIVE TO OTHER IMPORTANT ASSETS AND LIABILITIES

This statement is furnished in connection with an application for credit and is to be regarded as continuous until another shall be substituted for it. If the undersigned, or any endorser or guarantor of the obligations of undersigned, at any time becomes insolvent, or commits an act of bankruptcy, or dies, or if any writ of attachment, garnishment, execution or other legal process be issued against property of the undersigned, or if any assessment for taxes against the undersigned, other than on real property, is made by the Federal or State government, or any department thereof, or if any of the representations made above prove to be untrue, or if any undersigned fails to notify you of any material change in financial condition as given above, then and in either such case, all of the obligations of the undersigned to or held by you, either as borrower or guarantor, shall immediately become due and payable, without demand or notice. In consideration of the granting or renewing of any credit to the undersigned hereafter, the undersigned hereby waives the pleading of the statute of limitations as a defense of any obligation of the undersigned to you.

I hereby certify that I have carefully read the above statement including the reverse side, and that it is a complete, true and correct statement to the best of my knowledge and belief.

Date Signed _____, 20 _____. (Sign Here) _____
 (Sign Here) _____