



Personal Financial Statement

800.956.7313

As of Date:

Name/Applicant	Mobile Phone	DOB
Residence (Street Address)	Res. Since	Social Security #
(City/State/Zip)	E-mail Address	
Employer/Position	Emp. Since	Business Phone
Driver's License Number:	State Issued In:	
Name/Co-Applicant	Mobile Phone \	DOB
Residence (Street Address)	Res. Since	Social Security #
(City/State/Zip)	E-mail Address	
Employer/Position	Emp. Since	Business Phone
Driver's License Number:	State Issued In:	

ASSETS	\$ Amount	LIABILITIES	\$ Amount
Cash on Hand and in Banks (Schedule A)		Credit Cards/Revolvers	
Govt. and Listed Securities (Schedule B)			
Closely Held Business Investments			
Retirement Accounts/401K's		Loans Against Retirement Accounts	
Cash Value of Life Insurance (Schedule C)			
Real Estate, Primary Residence (Schedule D)		Real Estate Mortgage	
Other Real Estate Owned (Schedule D)		Real Estate Mortgage 2	
Partial Real Estate Equities		Real Estate Mortgage 3	
Other Assets		Personal Notes	
Automobiles		Auto Loan 1	
Other		Auto Loan 2	
Other		Auto Loan 3	
Other		Other	
Recreational Vehicles		Recreational Vehicle Loan	
Other		Other	
Other		TOTAL LIABILITIES	
Other		Net Worth	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

ANNUAL INCOME*	CONTINGENT LIABILITIES
Salary	(Indicate Creditor's Name and Purpose)
Part-time	Endorser:
Other (itemize)**	Co-Maker
	Guarantor:
Co-applicant	On Leases and Contracts
Salary	Legal Claims
Part-time	Federal Income Tax
Other (itemize)**	Other
Total	Total

**Income from alimony, child support, or separate maintenance income need not be revealed if you do not wish the bank to consider the income in determining your credit worthiness.

PERSONAL INFORMATION	
Are any assets pledged or restricted other than indicated on following schedules? If so, describe.	
Are you a defendant in any legal actions or suites? If so, describe	
Are you a partner of officer in any other venture? If so, describe	
Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No If so, name of Personal Representative _____
Have you ever be declared bankrupt? If so, describe	

Schedule A - Cash, Checking Accounts, Savings Accounts, & Certificates of Deposit					
Type	Name of Financial Institution	Amount	In Name of	Pledged	
				Yes	No

Schedule B - U.S. Government, Listed, & Unlisted Securities (list on separate sheet if necessary)					
No. of Shares or Face Value (of Bonds)	Description*	Owner (s)	Market Value	Pledged	
				Yes	No

* Indicates if securities are restricted by contract of SEC regulations.

Schedule C - Life Insurance Carried (include group)					
Face Amount	Name of Company	Owner (s)	Beneficiary	Cash Surrender	
				Value	Loans

Schedule D - Real Estate Owned						
Address & Type of Property	Date Acquired	Owner (s)	Cost	Market Value	Mortgage Amt.	Maturity

Schedule E - Names of Banks or Finance Companies where Credit has been Obtained						
Name and Address of Lender	Borrower (s)	Date Made	Due	High Credit	Current Balance	Sec. or Unsec.

The undersigned certifies that the information contained in this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned.

It may be a federal crime punishable by a fine of not more than \$5,000 or imprisonment for not more than two years or both to knowingly make false statements concerning any of the above information, under provisions of Title 18, United States Code, Section 1014.

By signing below, the undersigned individual(s), who is either a principal of the credit applicant or a personal guarantor of its obligations, authorizes Celtic Bank and their affiliates, successors or its designee (and any assignee or potential assignee thereof) to obtain consumer credit reports relating to his/her individual credit history and/or creditworthiness. Such authorization shall extend to obtaining a credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account. A photostat or facsimile copy of this authorization shall be valid as the original. By signature below, I/we affirm my/our identity as the respective individual(s) identified in this personal financial statement.

Signature

Date

Signature of co-applicant (if Joint)

Date