

# INDIVIDUAL FINANCIAL STATEMENT

Applicant: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Financial Institution: Community Bank of Missouri  
 PO Box 188  
 Richmond, MO 64085

Loan No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ No. of Dependents: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

CHECK AS APPLICABLE — Applicant is applying for this loan:

- ALONE, without a co-signer or guaranty of a relative or other person(s) or entity.  
 WITH A PERSON OR PERSONS who will also be contractually liable.

Names of other Person(s) \_\_\_\_\_

Has any of your property been transferred to a trust?  Yes  No Is it  revocable or  irrevocable?

Who is/are the trustee(s) \_\_\_\_\_

Are any of the assets listed on this statement property of a trust?  Yes  No If so, attach a sheet listing those assets.

## FINANCIAL CONDITION AS OF

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ASSETS			LIABILITIES		TOTAL LIABILITY	MO. PMT. AMOUNT	
Cash	Deposits In This Institution		Notes Payable to Banks	SCHEDULE D			
	Other Institutions			Payable to This Institution			
Stocks & Bonds	SCHEDULE B		Other Notes & Accounts Payable	SCHEDULE D			
	Listed			Contract Purchases			
Notes Contracts & Accounts Receivable	SCHEDULE C		Taxes Payable	Open & Revolving Accounts			
				Other			
Life Ins.	Cash Value		Real Estate Notes & Contracts Payable	SCHEDULE D			
Real Estate	SCHEDULE A			Residence(s)			
	Residence(s)		Unimproved Land				
	Unimproved Land		Income Property				
	Income Property		Other				
Other Personal Property	SCHEDULE E		Other Liabilities	SCHEDULE D			
	Autos & Trucks			Life Ins. Loans			
Other Assets	Furniture & Fixtures						
	SCHEDULE E						
TOTAL ASSETS				TOTAL LIABILITIES			
				NET WORTH			
				TOTAL			

### RE-CAP OF INCOME AND EXPENSES

ANNUAL INCOME FOR YEAR 19 ____		ANNUAL EXPENSES FOR YEAR 19 ____		CONTINGENT LIABILITIES	
Salary or Wages		Property Tax & Assessments		As Endorser on Notes/Contracts	
Dividends or Interest		Fed. & State Income Tax		As Guarantor on Notes/Contracts	
Rentals (Gross Income)		Real Estate Loan Payments		For Taxes	
Business (Net Income)		Payments on Contracts/Notes		Other (Describe)	
Other Income (Describe)		Estimated Living Expenses			
		Other:			
TOTAL INCOME	\$	TOTAL EXPENSES	\$	TOTAL	

NOTE: Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

**REMINDER: Please sign & date page 2**

**INDIVIDUAL FINANCIAL STATEMENT**  
(Continued)

**LIFE INSURANCE**

FACE AMOUNT	BENEFICIARY	COMPANY

**APPLICANT(S)' SIGNATURE(S)**

I/We hereby affirm that the information contained in this Financial Statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I/We understand that the Financial Institution is relying on this statement of my/our financial condition in making loan(s) to me/us. The Financial Institution is authorized to make any investigation of my/our credit or employment status either directly or through any agency employed by the Financial Institution for that purpose. The Financial Institution may disclose to any other interested parties the Financial Institution's experience with my/our account. I/We agree to inform the Financial Institution immediately of any matter which will cause any significant change in my/our financial condition. I/We understand that the Financial Institution will retain this Financial Statement whether or not credit is granted.

Dated: \_\_\_\_\_

**APPLICANT:**

X \_\_\_\_\_  
Applicant  
SSN: \_\_\_\_\_

X \_\_\_\_\_  
Co-Applicant  
SSN: \_\_\_\_\_

**CONSENT** (If you are relying on income from a person who is not an applicant above, please have that person complete this section so that we may verify their credit.)

I authorize the Financial Institution to make any investigation of my credit either directly or through any agency employed by the Financial Institution for that purpose in connection with this credit application.

Dated: \_\_\_\_\_

X \_\_\_\_\_  
Authorized Signature  
SSN: \_\_\_\_\_

**INDIVIDUAL FINANCIAL STATEMENT  
(Continued)**

With each schedule list below indicate co-ownership, if any, and the extent of it.

**SCHEDULE A LIST OF REAL ESTATE AND IMPROVEMENTS (Show Mortgage Information in Schedule D)**

Type and Location of Property	Date Acquired	Title in Name of	Holder of Lien	% You Own	Annual Taxes	Monthly Rent	Original Cost	Present Market Value

**SCHEDULE B STOCKS AND BONDS**

Number of Shares	Description - Rate - Maturity If Pledged, to Whom	How Registered	Market Value	Book Value If No Market

**SCHEDULE C NOTES, CONTRACTS AND ACCOUNTS RECEIVABLE**

Due from (Name)	Date of Obligation	Balance		Payment Terms	Due Date	Description of Collateral If Any
		Original	Present			

**SCHEDULE D NOTES, CONTRACTS AND ACCOUNTS PAYABLE (Include Mortgages on Property Listed in Schedule A)**

Due to (Name)	Date of Incurred	Balance		Payment Terms	Due Date	Description of Collateral If Any
		Original	Present			

**SCHEDULE E DETAILS OF OTHER IMPORTANT ASSETS**

Items	Estimated Current Value	Items	Estimated Current Value	Items	Estimated Current Value