

BSNB Personal Financial Statement

CHECK BOX FOR JOINT ACCOUNT: If you are applying for a joint account that you and another person will use, complete all sections, providing information where applicable about the Joint Applicant or user.

We intend to apply for Joint Credit.

Applicant _____

Co-Applicant _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

1. Individual Information				2. Other Party Information			
Name				Name			
Address		Home Phone		Address		Home Phone	
City	State	Zip		City	State	Zip	
Present Employer		Years There		Present Employer		Years There	
Employer's Address				Employer's Address			
Position or Occupation		Business Phone		Position or Occupation		Business Phone	
3. Assets				Liabilities			
		(in dollars)				(in dollars)	
Cash on hand and in this bank		\$		Notes Payable to Banks (Schedule E)		\$	
Cash in other banks				Notes Payable to other Institutions (see Schedule E)			
Marketable Securities – Non-IRA (see Schedule A)				Due to Brokers			
Non-marketable Securities – IRA (see Schedule B)				Amount Payable to Others - Secured			
Securities held by Broker in Margin Accounts				Amount Payable to Others - Unsecured			
Restricted, Control, or Margin Account Stocks				Accounts and Bills Due			
Real Estate Owned (see Schedule C)				Unpaid Income Tax			
Accounts, Loans, and Notes Receivable				Other Unpaid Taxes and Interest			
Automobiles				Real Estate Mortgages Payable (see Schedules C & E)			
Other Personal Property				Other Debts (car payments, credit cards, etc.) itemize			
Cash Surrender Value - Life Insurance (see Schedule D)				Total Liabilities			
Other Assets (please itemize -see Schedule F if applicable)				Net Worth			
Total Assets				Total Liabilities and Net Worth			
4. Annual Income				Annual Expenses			
(for Year Ended _____ 20_____)				Mortgage/Rental Payments			
Salary Bonuses and Commissions		\$		Real Estate Taxes and Assessments		\$	
Dividends and Interest				Taxes (Federal, State, Local)			
Real Estate Income				Insurance Payments			
Other Income (alimony, child support or (car, charge cards, etc.), separate maintenance income need not be disclosed unless you wish the Bank to consider them in a credit decision).				Other Contract Payments			
				Alimony, child support, maintenance			
				Other Expenses			
Total Income				Total Expenses			
Contingent Liabilities (estimated amounts)							
Are you		yes no				yes no	
Endorser, Co-maker or Guarantor		<input type="checkbox"/> <input type="checkbox"/>		\$		Contested Income Tax Liens <input type="checkbox"/> <input type="checkbox"/>	
On Leases or Contracts		<input type="checkbox"/> <input type="checkbox"/>				<i>If yes to any question, please attach an explanation</i>	
Involved in legal claims		<input type="checkbox"/> <input type="checkbox"/>				Total Contingent Liabilities <input type="checkbox"/> <input type="checkbox"/>	

Schedule A Marketable Securities – Non-IRA

Number of Shares or Face Value of Bonds	Description	In Name of	Are These Registered Pledged or Held by Others?	Market Value

Schedule B Non-Marketable Securities – IRA

Number of Shares	Description	In Name of	Are These Registered Pledged or Held by Others?	Value	Source of Value

Schedule C Residences and Other Real Estate (Partially or Wholly Owned)

Address and Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Amount	Mortgage Maturity
Residence(s)								
Residence(s)								
Other								
Other								

Schedule D Life Insurance Carried, Including Group Insurance

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

Schedule E Bank and Other Institutional Relationships

Name and Address of Creditor	Original Loan/Line Amount	Date of Loan	Maturity Date	Unsecured or Secured (List Collateral)	Amount Owed

Schedule F Business Ventures

List Name and Address of Any Business Venture in Which You are a Principal or Partner	Total Assets Listed in Section 3	Your % of Ownership	Your Position/Title in the Business	Total Assets of Business	Line of Business	Years in Business

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date signed _____, 20____ Signature (individual) _____
 Social Security Number _____ Date of Birth _____

Date signed _____, 20____ Signature (individual) _____
 Social Security Number _____ Date of Birth _____