



CommunityBank OF TEXAS

Personal Financial Statement as of _____

Individual Statement Joint Statement

NAME		SOCIAL SECURITY #	DATE OF BIRTH	DRIVER'S LICENSE #, ST
HOME STREET ADDRESS		CITY/STATE/ZIP		TELEPHONE NUMBER
NAME OF EMPLOYER		STREET ADDRESS OF EMPLOYER		CITY/STATE/ZIP
POSITION	YEARS THERE	BUSINESS PHONE	NAME OF CPA	BUSINESS PHONE

NAME OF SPOUSE (IF APPLICABLE)		SOCIAL SECURITY #	DATE OF BIRTH	DRIVER'S LICENSE #, ST
SPOUSE'S HOME STREET ADDRESS (IF DIFFERENT)		CITY/STATE/ZIP		TELEPHONE NUMBER
SPOUSE'S NAME OF EMPLOYER		STREET ADDRESS OF EMPLOYER		CITY/STATE/ZIP
POSITION	YEARS THERE	BUSINESS PHONE	NAME OF CPA	BUSINESS PHONE

ASSETS		(OMIT CENTS)
CASH (SCH. 1)	THIS BANK	\$
	IN OTHER BANKS	\$
SECURITIES (SCH. 2 & 3)	MARKETABLE	\$
	NON-MARKETABLE	\$
	NOTES & RECEIVABLES	\$
REAL ESTATE (SCH. 4)	HOMESTEAD	\$
	REAL ESTATE OWNED	\$
	PARTIAL INTEREST R/E	\$
LIFE INSURANCE (SCH. 5)		\$
AUTOS		\$
		\$
OTHER ASSETS		\$
		\$
		\$
		\$
		\$
		\$
TOTAL ASSETS		\$

LIABILITIES		(OMIT CENTS)
REVOLVING ACCOUNTS/CREDIT CARDS		\$
N/P TO THIS BANK (SCH. 7)	UNSECURED	\$
	SECURED	\$
N/P TO OTHER BANKS (SCH. 7)	UNSECURED	\$
	SECURED	\$
MORTGAGE PAYABLE (SCH. 4)	HOMESTEAD	\$
	REAL ESTATE OWNED	\$
	PARTIAL INTEREST IN R/E	\$
OTHER NOTES PAYABLE (SCH. 7)		\$
TAXES OWING	INCOME TAXES	\$
	OTHER TAXES	\$
ACCOUNTS PAYABLE		\$
DUE TO BROKERS IN MARGIN ACCOUNTS		\$
OTHER LIABILITIES (ITEMIZE)		\$
		\$
		\$
		\$
TOTAL LIABILITIES		\$
NET WORTH		\$

AGGREGATE CONTINGENT LIABILITIES: \$ _____ (SCH. 6, PAGE 2)

STATEMENT OF CASH FLOW			
Note: Income from alimony, child support or maintenance payments need not be revealed if you do not choose to have it considered as a basis for repaying your obligations to this bank.			
SOURCES OF CASH		20	_____
Salaries, Wages (Gross)	\$	_____	
Bonus	\$	_____	
Commissions	\$	_____	
Income from assets			
Dividends and Interest	\$	_____	
Real Estate (Rental)	\$	_____	
Other	\$	_____	
Spouse's Salary, Wages (Gross)	\$	_____	
Other Income - See Note	\$	_____	
TOTAL CASH RECEIVED	\$	_____	
Estimated Federal and State Income Taxes	\$	_____	
USES OF CASH		20	_____
Rent of Homestead Mortgage Pymt (P&I)	\$	_____	
Other R/E Non-Homestead Mortgage Pymt (P&I)	\$	_____	
Other Financing (P&I)	\$	_____	
Amount Paid on Revolving/Open Accounts	\$	_____	
Real Estate - Taxes	\$	_____	
Real Estate - Insurance	\$	_____	
Living Expenses	\$	_____	
Other	\$	_____	
Other	\$	_____	
TOTAL CASH OUTLAYS	\$	_____	
Cash Flow Surplus (Deficit)	\$	_____	

Check here if you are providing a current year income tax return complete with all schedules in lieu of completing this section. You hereby certify that the tax return you are providing is complete and accurate.

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Initials _____ Initials _____

SCHEDULE 1 – CASH AND DEPOSITS				
Name of Banks or Savings & Loans	Account in Name(s) of	Amount	Are these deposits pledged?	If pledged, how much?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SCHEDULE 2 – MARKETABLE & NON-MARKETABLE SECURITIES (ATTACH COPIES OF BROKERAGE STATEMENTS)				
Number of Shares	Name of Issuer	In Name of	Market Value	If pledged, how much?

SCHEDULE 3 – NOTES & RECEIVABLES						
Maker	Original Date	Original Amount	Present Balance	Payments	Maturity	Collateral

SCHEDULE 4 – REAL ESTATE							
Property Description and Location	Year Acquired	Market Value	Cost	Present Balance	Monthly Payment	Lienholder	Monthly Rental Income
Homestead							
1							
2							
TOTAL OF LINES 1 THROUGH 2 to PAGE 1							
Other Real Estate Owned							
3							
4							
5							
6							
7							
TOTAL OF LINES 3 THROUGH 7 to PAGE 1							
Partial Interest in Real Estate							
8							
9							
10							
11							
YOUR % OF MARKET VALUE AND DEBT to PAGE 1							

SCHEDULE 5 – LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE					
Amount	Name(s) of Individual(s) Covered	Owner of Policy	Name of Issuing	Cash Surrender Value	Beneficiary

SCHEDULE 6 – CONTINGENT LIABILITIES			
Name of Company/Individual	% in Ownership	Loan Balance	Balance of your obligation

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Initials _____ Initials _____

AUTHORIZATION

I/We authorize the Lending Institution to make whatever credit inquiries that it deems necessary in connection with this financial statement for the purpose of considering new credit requests or in the course of review or collection of any credit extended in reliance on this financial statement. I/We authorize and instruct any person or consumer reporting agency to compile and furnish to the Lending Institution any information that it may have or obtain in response to such credit inquiries and agree that such information, along with this financial statement, shall remain the Lending Institution's property whether or not credit is extended. You are authorized to verify the information herein, and obtain such additional information as you may require, by contacting my spouse and other third parties. The information contained herein is submitted for the purpose of procuring, establishing and maintaining credit with you in behalf of the undersigned persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others execute a guaranty in your favor. The undersigned warrants that this completed financial statement has been carefully read and is true, correct and complete and that you may consider this statement as continuing to be true, correct and complete until a written notice is given to you by the undersigned.

Borrower's Signature _____ **Date** _____
Spouse's Signature (if applicable) _____ **Date** _____

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