



1ST COMMERCE BANK

PERSONAL FINANCIAL STATEMENT

Name:		Date of Birth:	Home Phone No.	Business Phone No.
Address: (Street, City, State & Zip)				
Occupation:	Social Security No.	Name of Spouse:	Social Security No. of Spouse	
Name of Employer:		Address		
Are any of the assets shown on this financial statement held in a trust? Yes No Financial Condition as of:				

ASSETS		AMOUNT	LIABILITIES		MONTHLY PAYMENTS	UNPAID BALANCE
CASH	1CB		NOTES PAYABLE TO BANKS	1CB		
	Other Banks			Vehicle Loans		
STOCKS AND BONDS	Listed (Schedule 1)		OTHER NOTES AND ACCOUNTS PAYABLE	Credit Cards		
	Unlisted (Schedule 1)			Real Estate Loans		
REAL ESTATE	Improved (Schedule 2)		TAXES PAYABLE	Sales Contracts & Chattel		
	Unimproved (Schedule 2)			Life Insurance Loans		
	Trust Deeds & Mtgs (Sch. 3)					
LIFE INSURANCE	Cash Surrender Value		OTHER LIABILITIES	Current Year's Income Taxes Unpaid		
ACCOUNTS NOTES RECE.	(Schedule 4)			Real Estate Taxes Unpaid		
OTHER PERSONAL PROPERTY	Automobile(s)		TOTALS	Unpaid Interest		
				Others (Itemize)		
	Other Assets (Detail)					
TOTAL ASSETS				TOTAL LIABILITIES		
				NET WORTH		
				TOTAL		

ANNUAL INCOME		ANNUAL EXPENDITURES	
SALARY OR WAGES		PROPERTY TAXES AND ASSESSMENTS	
DIVIDENDS AND INTEREST		FEDERAL AND STATE INCOME TAXES	
RENTALS (GROSS)		REAL ESTATE LOAN PAYMENTS	
BUSINESS OR PROFESSIONAL INCOME (NET)		PAYMENTS ON CONTRACTS AND OTHER NOTES	
OTHER INCOME		INSURANCE PREMIUMS	
		ESTIMATED LIVING EXPENSES	
		ALIMONY AND/OR CHILD SUPPORT	
TOTAL INCOME		TOTAL EXPENDITURES	

I certify that everything I have stated in this financial statement and on any attachments is correct. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Signature of Applicant:	Date:	Signature of Spouse:	Date:
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