



800 Waukegan Road, Glenview IL 60025 847-729-1900  
 Member FDIC Equal Opportunity Lender Equal Housing Lender

Personal Financial Statement
** <u>Please complete all sections</u> **

APPLICANT	
Applying for:	Individual Credit      Joint Credit
Name	Social Security Number
Address	Date of Birth
City/State/Zip	
Years at Current Address:      Own or Rent?	Home Phone
Former Address (if <2 yrs. At current address)	
Number of Dependents (Ages and relationship to applicant)	
Present Employer	Business Phone
Address	Position
City/State/Zip	Years in Position
Former Employer (if <2 yrs at current employer)	

CO-APPLICANT	
<b>Do not complete this section unless you (a) are a resident of a community property state (Arizona, California, Louisiana, Nevada, New Mexico, Texas or Wisconsin), (b) are relying on property located in a community property state as a basis for repayment of the credit requested, or (c) are applying jointly with your spouse for the credit requested. If you are applying jointly with a person other than your spouse for the credit requested, such other person should complete a separate Personal Financial Statement.</b>	
Name	Social Security Number
Address	Date of Birth
City/State/Zip	
Years at Current Address:      Own or Rent?	Home Phone
Former Address (if <2 yrs. At current address)	
Number of Dependents (not included above, ages and relationship to co-applicant)	
Present Employer	Business Phone
Address	Position
City/State/Zip	Years in Position
Former Employer (if <2 yrs at current employer)	

**To Glenview State Bank:**

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on my (our) behalf, or persons, firms or corporations on whose behalf I (we) may either severally or jointly with others, execute a guaranty in your favor. I (we) understand that you are relying on this information (including the designation made as to ownership of property) in deciding to grant or continue credit. I (we) represent and warrant that the information provided is true and complete and that you may consider this statement true and correct until written notice of a change is given to you. I (we) agree to notify you immediately and in writing of any change of name, address, employment and of any material adverse change that affects the information in the statement, my (our) financial condition, or my (our) ability to fulfill my (our) obligations. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements herein and to determine my (our) credit worthiness including, but not limited to procuring consumer reports from consumer reporting agencies and credit information from banks and other financial institutions and extenders of credit, present and former employers, merchants, landlords and creditors. I (we) hereby authorize you to answer questions and provide information about your credit experience with me (us). Anyone receiving a copy or reproduction of the signatures below is authorized to provide the foregoing information. This personal financial statement and any other financial or other information given to you shall remain your property, whether or not credit is extended. As long as any obligation or guarantee to you is outstanding, I (we) shall supply annually an updated financial statement.

Signature of Applicant	Date	Signature of Co-Applicant	Date
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**Please provide full copies of your last two years federal income tax returns including all schedules and statements, including Schedule K-1's for any S-Corp or Partnership income included in your personal tax return.**

NOTE: Tab through each Schedule, Personal Balance Sheet will auto-populate based on entries into each schedule with the exception of "other" categories.

**Schedule A: Liquid Assets and Marketable Securities:**

Cash on deposit with financial institutions, mutual funds, stocks (publicly traded), bonds, etc.

Financial Institution/Description	Type of Account	Ownership Vesting	Current Balance
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings/CD <input type="checkbox"/> Stock <input type="checkbox"/> MutFund <input type="checkbox"/> Other	<input type="checkbox"/> Individual <input type="checkbox"/> Jt w Spouse <input type="checkbox"/> Other	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings/CD <input type="checkbox"/> Stock <input type="checkbox"/> MutFund <input type="checkbox"/> Other	<input type="checkbox"/> Individual <input type="checkbox"/> Jt w Spouse <input type="checkbox"/> Other	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings/CD <input type="checkbox"/> Stock <input type="checkbox"/> MutFund <input type="checkbox"/> Other	<input type="checkbox"/> Individual <input type="checkbox"/> Jt w Spouse <input type="checkbox"/> Other	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings/CD <input type="checkbox"/> Stock <input type="checkbox"/> MutFund <input type="checkbox"/> Other	<input type="checkbox"/> Individual <input type="checkbox"/> Jt w Spouse <input type="checkbox"/> Other	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings/CD <input type="checkbox"/> Stock <input type="checkbox"/> MutFund <input type="checkbox"/> Other	<input type="checkbox"/> Individual <input type="checkbox"/> Jt w Spouse <input type="checkbox"/> Other	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings/CD <input type="checkbox"/> Stock <input type="checkbox"/> MutFund <input type="checkbox"/> Other	<input type="checkbox"/> Individual <input type="checkbox"/> Jt w Spouse <input type="checkbox"/> Other	
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings/CD <input type="checkbox"/> Stock <input type="checkbox"/> MutFund <input type="checkbox"/> Other	<input type="checkbox"/> Individual <input type="checkbox"/> Jt w Spouse <input type="checkbox"/> Other	
<b>Total</b>			

**Schedule B: Life Insurance**

Name of Insurance Company	Face Amount	Policy Type	Owner	Beneficiary	Policy Loans	Net Cash Surrender Value
		<input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Whole <input type="checkbox"/> Term <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Total</b>						

**Schedule C: Primary Residence**

Address			Titleholder			Date Acquired	
_____ _____			_____ <b>Ownership Vesting</b> <input type="checkbox"/> Individual, Applicant or Co-Applicant <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants by the Entirety <input type="checkbox"/> Trust <input type="checkbox"/> Other			Original Cost	
						Current Market Value	
Mortgage Balance	Mortgage Lender	Monthly Mortgage Payment	Home Equity Line	Line Amount	Current Balance	HELC Lender	
			<input type="checkbox"/> Yes <input type="checkbox"/> No				

**Schedule D: 100% Owned Real Estate**

Residential or Commercial properties – not including Primary Residence detailed in Schedule C above

Address	Type	Titleholder	Date Acquired	Cost	Market Value	Mortgage Maturity	Monthly Payment	Mortgage Balance*
	<input type="checkbox"/> Res. <input type="checkbox"/> Comm							
	<input type="checkbox"/> Res. <input type="checkbox"/> Comm							
					<b>Total</b>		<b>Total</b>	

\*Include all mortgage liens against property – including home equity lines

**Schedule E: Real Estate Investments**

Address and Description	Title in Name(s) of	Date Acquired	% Owned	Market Value	Mortgage or Other Debt Against Property	Net Equity (Market Value less Debt)	Your Share (% Owned X Net Book Equity)
<b>Total</b>							

**Schedule F: Equity Investments in Closely Held Businesses**

Business Name	Date Acquired	% Owned	Type of Entity	Net Book Equity of Business	Estimated Market Value	Your Cost Basis of Investment	Your Share (% Owned X Net Book Equity)
			<input type="checkbox"/> Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other				
			<input type="checkbox"/> Corp <input type="checkbox"/> S Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other				
<b>Total</b>							

**Schedule G: Retirement Accounts (IRA, Pension, 401k, other)**

Type and Brief Description	Ownership	Current Value / Vested Balance
<input type="checkbox"/> IRA <input type="checkbox"/> Pension <input type="checkbox"/> 401k <input type="checkbox"/> Other	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	
<input type="checkbox"/> IRA <input type="checkbox"/> Pension <input type="checkbox"/> 401k <input type="checkbox"/> Other	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	
<input type="checkbox"/> IRA <input type="checkbox"/> Pension <input type="checkbox"/> 401k <input type="checkbox"/> Other	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	
<input type="checkbox"/> IRA <input type="checkbox"/> Pension <input type="checkbox"/> 401k <input type="checkbox"/> Other	<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	
<b>Total</b>		

**Schedule H: Notes Payable to Banks, Finance Companies, Credit Card Companies or others**

Include all personal loans (including auto loans) and credit card balances

Payable to Whom	Type of Loan	Monthly Payment	Open Date	Collateral (if any)	Balance Owning
	<input type="checkbox"/> Auto <input type="checkbox"/> Credit Card <input type="checkbox"/> Other				
	<input type="checkbox"/> Auto <input type="checkbox"/> Credit Card <input type="checkbox"/> Other				
	<input type="checkbox"/> Auto <input type="checkbox"/> Credit Card <input type="checkbox"/> Other				
	<input type="checkbox"/> Auto <input type="checkbox"/> Credit Card <input type="checkbox"/> Other				
<b>Total</b>					

**CASH FLOW STATEMENT**

Anticipated for the current year. If significant changes are expected in the future, provide details.

Estimated Annual Receipts	In dollars, omit cents	Estimated Annual Expenditures	In dollars, omit cents
Salary – Applicant		Taxes (Federal, State and Local)	
Salary - Co-Applicant/Spouse		Rent/mortgage payment on primary residence	
Bonus – Applicant		Other mortgage payments (investment property)	
Bonus - Co-Applicant/Spouse		Property taxes on primary residence Included in mortgage payments above <input type="checkbox"/>	
Dividends and Interest		Property taxes for other real estate properties	
Tax Exempt Income		Other Contract payments (insurance, auto, credit cards)	
Rental Income (net of non-financial rental exp)		Alimony, child support or separate maintenance payments	
Other Income **		Child care and tuition	
		Other living expenses	
<b>Total Income</b>		<b>Total Expenditures</b>	

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

## FINANCIAL CONDITION AS OF \_\_\_\_\_

Provide detail in schedules where indicated. Attached additional schedule(s) as needed.

<b>Assets</b>	<i>In dollars, omit cents</i>	<b>Liabilities</b>	<i>In dollars, omit cents</i>
Cash, Marketable Securities and Mutual Funds (Schedule A)		Mortgage Loans on Primary Residence (including Equity Lines) (Schedule C)	
Net Cash Surrender Value Life Insurance (Schedule B)		Mortgage Loans on Other 100% Owned Real Estate (Schedule D)	
Other Liquid Assets (Attached separate list of assets including ownership)		Notes Payable to Banks, Finance Companies, Credit Cards, etc (Schedule H)	
Market Value of Primary Residence (Schedule C)		Other Liabilities (Itemized below, attach separate list if necessary)	
Market Value of Other Real Estate 100% Owned (Schedule D)		Unpaid Income Taxes	
Real Estate Investments (share of net equity) (Schedule E)		Real Estate Taxes Payable	
Equity Investment in Businesses (share of net equity) (Schedule F)		Other _____	
Retirement Accounts (Itemized in Schedule G)		Other _____	
Other Assets (Itemized below, attach separate list if necessary)		Other _____	
Notes or Accounts Receivable			
Assets Held in Trust			
Other Assets (Attached separate itemized list)		<b>Total Liabilities</b>	
<b>Total Assets</b>		<b>NET WORTH</b>	

<b>CONTINGENT LIABILITIES and ADDITIONAL INFORMATION</b>	<b>AMOUNT</b>
Are you a guarantor, co-maker or endorser for any debt, lease or contract of any individual or business other than to Glenview State Bank? <input type="checkbox"/> Yes* <input type="checkbox"/> No	\$ <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>
Are you obligated to make additional contributions to a partnership or other business entity? <input type="checkbox"/> Yes* <input type="checkbox"/> No	\$ <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>
Are you a partner or officer in any other venture not discussed elsewhere in this Personal Financial Statement? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
Are there any suits or legal actions threatened or pending against you or any firm in which you are a majority owner? <input type="checkbox"/> Yes* <input type="checkbox"/> No	\$ <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>
Are any of your tax obligations past due? <input type="checkbox"/> Yes* <input type="checkbox"/> No	\$ <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>
Income tax returns filed through _____ Any returns being audited or contested? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
Have you or any firm in which you were a majority owner ever declared bankruptcy or had a lien or judgment filed against you? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
Are you obligated to pay child support, alimony or separate maintenance? <input type="checkbox"/> Yes* <input type="checkbox"/> No	\$ <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 15px;"></span>
Have you drawn a will or established an estate plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year will was drawn _____ and Executor _____	
Do you carry disability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate percent of salary covered or monthly benefit amount _____	
Do you carry malpractice insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate insurance carrier _____ Coverage amount _____	
* If you answered YES to any of the above questions, please provide additional detail below:	