PERSONAL FINANCIAL STATEMENT AS OF

SUBMITTED TO:					Artisans' Bank							
	PERSONAL INFORMATION											
APPLICANT (NAME)					CO-APPLICANT (NAM	E)						
Employer					Employer							
Address of Employer					Address of Employer							
Business Phone No.	No. of Years with Title/Position Employer				Business Phone No.	No. of Years with Employer	Title/Pos	ition				
Name of previous employer & position (if with current employer less than 3 yrs.) No. of Yrs.				Name of previous employer & position (if with current employer less than 3 yrs.) No. of Yrs.								
Home Address					Home Address							
Home Phone No.	Social Security No.		Date of Birth		Home Phone No. Social Security No. Date of Birth							
Name. Phone No. of your Accou	intant				Name. Phone No. of your Accountant							
Name. Phone No. of your Attorney				Name. Phone No. of your Attorney								
Name. Phone No. of your Investment Advisor/Broker				Name. Phone No. of your Investment Advisor/Broker								
Name. Phone No. of your Insura	ance Advisor				Name. Phone No. of your Insurance Advisor							

Cash Income & Expenditures Statement For Year Ended								
ANNUAL INCOME	AMOUNT							
Salary (applicant)	\$							
Salary (co-applicant)								
Bonuses & Commissions (applicant)								
Bonuses & Commissions (co- applicant)								
Rental Income								
Interest Income								
Dividend Income								
Capital Gains								
Partnership Income								
Other Investment Income								
Other Income (List)**								
Schedule K1s								
	\$							
TOTAL INCOME	\$							

(Omit cents)

ANNUAL EXPEND	TURES	AMOUNT
Federal Income and Oth	\$	
State Income and Other	Taxes	
Rental Payments, Co-op Condo Maintenance), or	
Mortgage Payments	Residential	
	Investment	
Property Taxes	Residential	Included in mortgage
	Investment	
Interest & Principal Payı Loans		
Insurance (Life)		
Investments (including t	ax shelters)	
Alimony/Child Support		
Tuition		
Other Living Expenses		
Medical Expenses		
Other Expense (List)		
TOTAL EXPEN	DITURES	\$

Balance Sheet as of _____

ASSETS	AMOUNT	LIABILITIES	AMOUI			NT
Cash in this Bank		Notes Payable to this Bank		Х	Х	Х
(including money market accounts. CDs)	\$	Secured	\$			
Cash in Other Financial Institutions (list)		Unsecured				
(including money market accounts. CDs)		Notes Payable to Others (Schedule E)		Х	Х	Х
		Secured				
		Unsecured				
		Accounts Payable (including credit cards)				
		Margin Accounts				
Readily Marketable Securities (Schedule A)		Notes Due: Partnership (Schedule D)				
Non-Readily Marketable Securities (Schedule A)		Taxes Payable				
Accounts and Notes Receivable		Mortgage Debt (Schedule C)				
Cash Surrender Value of Life Ins. (Schedule B)		Life Insurance Loans (Schedule B)				
Residential Real Estate (Schedule C)		Other liabilities (List)				
Real Estate Investments (Schedule C)						
Partnerships / PC Interests (Schedule D)						
IRA, Keogh, Profit-Sharing & other Retirement Accts.						
Deferred Income (number of years deferred)						
Personal Property (including automobiles)						
Other Assets (List)						
		TOTAL LIABILITIES				
		NET WORTH				
	\$		\$			

CONTINGENT LIABILITIES	YES	NO	AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation or partnership?			\$
Do you have any outstanding letters of credit or surety bonds?			
Are there any suits or legal actions pending against you?			
Are you contingently liable on any lease or contract?			
Are any of your tax obligations past due?			
What would be your total estimated tax liability if you were to sell major assets?			
If yes for any of the above, give details:			

Schedule A - All Securities (including non-money market mutual funds)												
No. of Shares (Stock) or Face	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEDGED						
Value (Bonds)						YES	NO					
READILY MARKE	TABLE SECURITIES (including U.S. Gove	ernments and Municipals)*										
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock)												

* If not enough space attach a separate schedule or brokerage statement and enter totals only.

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Schedule B - Life Insurance (use additional sheet if necessary									
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership			

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)									
Personal Residence					Present	Inter-	Loan		
Drenerty Address	Legal Owner	P Year	urchase Price	Market Value	Loan Balance	est Rate	Maturity Date	Monthly	Landar
Property Address	Owner	rear	Price	value	Balance	Rate	Date	Payment	Lender
Investment					Present	Inter-	Loan		
	Legal		urchase	Market	Loan	est	Maturity	Monthly	
Property Address	Owner	Year	Price	Value	Balance	Rate	Date	Payment	Lender

Schedule D - Partnerships (less than majority for real estate partnerships)*											
Type of Investment	Date of Initial Cost Investment		Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date					
Business/Professional (indicate name):											
Investments (Including Tax Shelters):											

*Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s. (Page 3 of 4)

Schedule E - Notes Paya	able									
Due to	Type of Facility	pe of Facility Amount of Line		ured No	Collateral	Interest Rate	Maturity	Unpaid Balance		
Due to	Type of Facility	Amount of Line	Yes		Collateral	Rale	Waturity	Dalalice		
Please answer the follo	owing Questions:									
1. Income tax returns filed t	through (date):	Are any re	eturns o	current	ly being audited or o	contested?	Yes	No		
If yes, what year (s)?										
2. Have (either of) you or a	ny firm in which you were	a major owner e	ever de	clared	bankruptcy?	Yes [] No			
lf yes, please provide de	tails									
3. Have you drawn a will?	🗌 Yes 🗌 No									
If yes, please furnish the	name of the executor (s)	and year will wa	is draw	n:						
4. Number of dependents (excluding self) and relatio	nship to applica	nt:							
5. Have you ever had a fina	ancial plan prepared for yo	ou? 🗌 Yes		No						
6. Did you include two year	s federal and state tax ret	urns? 🗌 Ye	es [] No						
7. Do (either of) you have a	line of credit or unused c	redit facility at a	ny othe	r instit	ution (s)? 🛛 🗌 Ye	s 🗌 M	No			
If so, please indicate whe	ere, how much, and name	of banker:								
8. Do you anticipate any su	bstantial inheritances?	🗌 Yes 🗌	No							
If yes, please explain:										

Representations and Warranties

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 guarantee 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 guarantee 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. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. 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. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Date		Your Signature	_
Date		Co-Applicant's Signature (If you are requesting	_
We intend to apply for joint credit	initials	the financial accommodation jointly) initials	