

West Olympia Branch
 2850 Harrison Ave. NW
 P.O. Box 12720 • Olympia, WA 98508
 Main 360-705-4200 • Fax 360-705-2244



Lacey Branch
 4530 Lacey Blvd SE
 P.O. Box 5007 • Lacey, WA 98509
 Main 360-528-4200 • Fax 360-528-4208

Personal Financial Statement

Name:

Address:

City, State & Zip Code:

STATEMENT OF FINANCIAL CONDITION AS OF

/ /

(MM/DD/YR)

ASSETS			LIABILITIES		
CASH ON HAND	LIST ON SCHEDULE A	\$	NOTES AND LOANS PAYABLE TO OTHERS	LIST ON SCHEDULE H (NOT REAL ESTATE)	\$
STOCKS & BONDS	LIST ON SCHEDULE B	\$	LOAN ON LIFE INSURANCE	LIST ON SCHEDULE C	\$
LIFE INSURANCE – Cash Surrender Value	LIST ON SCHEDULE C	\$	BANK CARDS, OPEN & REVOLVING ACCOUNTS	LIST ON SCHEDULE I	\$
ACCOUNTS AND NOTES RECEIVABLE	LIST ON SCHEDULE D	\$	REAL ESTATE NOTES & CONTRACTS PAYABLE	LIST ON SCHEDULE E	\$
REAL ESTATE OWNED	LIST ON SCHEDULE E	\$	OTHER LIABILITIES	LIST ON SCHEDULE J	\$
OTHER ASSETS AND PERSONAL PROPERTY	LIST ON SCHEDULE F	\$	UNPAID TAXES		\$
RETIREMENT ACCTS	LIST ON SCHEDULE G	\$			
TAX REFUND DUE		\$			\$
TOTAL ASSETS		\$	TOTAL LIABILITIES		\$
See notice below before completing Other Income.			(Total Assets Less Total Liabilities) NET WORTH		\$

ARE ANY ASSETS OWNED BY A TRUST?	NO	YES, which ones?
----------------------------------	----	------------------

ANNUAL INCOME FOR YEAR		ANNUAL EXPENSES FOR YEAR	
Salary or Wages	\$	Property Tax & Assessments	\$
Dividends or Interest	\$	Fed. & State Income Tax	\$
Rentals (Gross Income)	\$	Real Estate Loan Payments	\$
Business (Net Income)	\$	Payments on Contracts/Notes	\$
Other Income-Describe*	\$	Estimated Living Expenses	\$
	\$	Other:	\$
TOTAL INCOME	\$	TOTAL EXPENSES	\$

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

CONTINGENT LIABILITIES			
Liability:	Payable to:	For What?	
As Endorser on Notes/Contracts			\$
As Guarantor on Notes/Contracts			\$
For Taxes			\$
Other (Describe)			\$
			\$
			\$
			\$
TOTAL CONTINGENT LIABILITIES			\$

SCHEDULE A CASH LOCATION AND STATUS OF BANK ACCOUNTS									
CKNG	CD	SVNG	BANK AND BRANCH WHERE CARRIED	BALANCE	INTEREST RATE PAID TO YOU?	DATE CD MATURES	IS THIS ACCOUNT PLEDGED FOR A LOAN?	LOAN BALANCE	LOAN MATURITY DATE
				\$	TOTAL			\$	

SCHEDULE B STOCKS AND BONDS (Include Interests in any closely held business)							
Description	No. Shares	Registered in Name of	Source of Valuation	Date	Price Per Share	Total Value	Purchased on Margin or Pledged
						TOTAL	\$

SCHEDULE C LIFE INSURANCE						
Insured	Primary Beneficiary	Face Amount	Actual Cash Value	Loans on Policy	Name of Company	Location of Office
TOTAL		\$	\$	\$		

SCHEDULE D ACCOUNTS AND NOTES RECEIVABLE						
Owner(s)	Due From	Address	Collateral	Maturity Date	How Payable	Balance Due
					Per	
					Per	
					Per	
					Per	
					Per	
TOTAL					\$	\$

SCHEDULE E-1 REAL ESTATE OWNED					
Property No.	Description	Address/Location	Owner(s)	Date Acquired	Cost
1					
2					
3					
4					
5					
6					
7					

SCHEDULE E-2 REAL ESTATE OWNED						
Property No.	Mortgage or Lienholder	Annual Taxes	Monthly Income	Monthly Payments	Present Value	Balance Due
1						
2						
3						
4						
5						
6						
TOTAL		\$	\$	\$	\$	\$

SCHEDULE F OTHER ASSETS AND PERSONAL PROPERTY										
Automobiles		Value	Rec. Vehicles and Boats			Value	Personal Property	Value	TOTALS	
Yr.	Make :		Yr .	Make :	Ft.		Furniture		Subtotal - Autos	\$
Yr.	Make:		Yr.	Make:	Ft.		Jewelry		Subtotal - RV's	\$
Yr.	Make:		Yr.	Make:	Ft.		Equipment		Subtotal-Personal Prop.	\$
Yr.	Make:		Yr.	Make:	Ft.		Other:			

BORROWER(S) SIGNATURE(S).

I (we) hereby affirm that the foregoing information contained in this financial statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Lender is relying on this statement of my financial condition in making loan(s) to me. Lender is authorized to make any investigation of my credit or employment status either directly or through any agency employed by Lender for that purpose. I agree to inform Lender immediately of any matter which will cause any significant change in my/our financial condition. I understand that Lender will retain this financial statement whether or not credit is granted.

Applicant's Signature

Date

Co-Applicant/Joint Credit Signature

Date

CO-SIGNER/GUARANTOR CONSENT

The Lender may be relying on: 1) income from an individual who is not an applicant for the consumer loan, or 2) and individual co-borrower, owner, partner, officer or guarantor, for the business loan. Because of your relationship to the loan applicant or your role in the accommodation for the loan, your personal creditworthiness is a factor in the evaluation of the application or accommodation for the loan. By signing below, I authorize South Sound Bank to obtain a consumer credit report on me for that purpose to evaluate the loan application.

Date

Signature

Social Security No.

Date

Signature

Social Security No.