

Commercial Loan Application-Personal Financial Statements

Fields with Asterisk () must be completed*

Applicant's Information

Last Name: _____ First Name: _____
 Social Security #: _____ Date of Birth: _____
 Home Address: _____
 City, State & Zip: _____ Years at this Address: _____

Employment Information

Employer's Name: _____
 Business Address: _____ City, State & Zip: _____
 Business Telephone #: _____ Contact's Name: _____
 Position Held: _____ Employment Length: _____

Co-Applicant's Information

Last Name: _____ First Name: _____
 Social Security #: _____ Date of Birth: _____
 Home Address: _____
 City, State & Zip: _____ Years at this Address: _____

Employment Information

Employer's Name _____
 Business Address: _____ City, State & Zip: _____
 Business Telephone #: _____ Contact's Name: _____
 Position Held: _____ Employment Length _____

Please answer the questions below:	Applicant		Co-Applicant	
	Yes	No	Yes	No
Have you ever been involved in any legal action?				
Have you ever had a judgment against you?				
Have you ever declared bankruptcy?				
Are you a partner or officer in any other venture?				

Current Monthly Income	Applicant	Co-Applicant
Salary		
Commissions		
Bonus		
Interest		
Dividends		
Real Estate		
Other (alimony, child support, or separate maintenance payments need not to be revealed)		
TOTAL MONTHLY INCOME		

Current Monthly Expenses	Applicant	Co-Applicant
Rental Payments		
Mortgage Payments		
Installment credit payments		
Other (alimony, child support, or separate maintenance)		
TOTAL MONTHLY EXPENSES		

Balance Sheet as of (If not as of the date signed below) :			
ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash or Equivalent <i>(Total from Schedule A)</i>		Mortgages Payable <i>(Total From Schedules E and F)</i>	
Stocks and Bonds <i>(Total from Schedule B)</i>		Other Notes Payable <i>(Total from Schedule G)</i>	
Accounts and Notes Receivable <i>(Total From Schedule C)</i>		Taxes Payable	
Cash Value of Life Insurance <i>(Total from Schedule D)</i>		Policy Loan – Life Insurance <i>(Total from Schedule E)</i>	
Real Estate <i>(Total From Schedules E and F)</i>		Auto Loans	
Autos		Other Liabilities <i>(itemized below):</i>	
Equity in Business Interests			
Personal Property			
IRA and Deferred Compensation Plans			
Other Assets <i>(Itemize below):</i>			
		TOTAL LIABILITIES:	
		NET WORTH:	
TOTAL ASSETS:		TOTAL LIABILITIES & NET WORTH:	

Please read the following:

The information contained in this statement is provided for the purpose of obtaining or maintaining credit with you on my/our behalf or on the behalf of persons, firms or corporations in 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 as continuing to be true and correct until a written notice of change is given to you by me/us. I/we agree to notify you promptly of any such change. You are authorized to check the statements made on this form, and to determine my/our creditworthiness. You will tell me/us upon request whether or not a consumer report was requested and, if so, inform me/us of the name and address of the consumer reporting agency. You are authorized to answer questions about your credit experience with me/us. You may order additional consumer reports and otherwise check my/our credit at any time while credit is outstanding in conjunction with an update, renewal, refinance, or extension of such credit or in connection with collection efforts. You may retain this statement whether or not credit is approved.

I acknowledge that Spring bank may order an appraisal to determine a property's value. Spring Bank may charge for this appraisal. If the loan will create a first lien on a 1 to 4 family dwelling, Spring Bank will promptly give you a copy of any appraisal, even if your loan does not close.

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____

SCHEDULE A: Cash or Equivalent (Checking Accounts, Savings Accounts, and Certificates of Deposits)

Type	Name of Financial Institution	In Name Of	Amount	Pledged	Not Pledged
			TOTAL:		

SCHEDULE B: Stocks and Bonds

Number of Shares or Par Value of Bonds	Description <i>(Indicate if securities are restricted by contract or by SEC regulation)</i>	In Name Of	Market Value	Pledged	Not Pledged
			TOTAL:		

SCHEDULE C: Accounts and Notes Receivables

Name of Debtor	Collateral	Payable		Payable to Whom	Maturity Date	Unpaid Balance
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			
					TOTAL:	

SCHEDULE D: Life Insurance

Amount	Insurance Company	Policy Owner		Beneficiary	Cash Value	Loans
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			
		\$	Per			
					TOTAL:	

SCHEDULE E: Real Estate (Partially Owned)

Address and Type of Property/Title in Name of	Percent Owned	Month/Year Purchased	Purchase Price	Monthly Gross Income	Monthly Expenses	Monthly Mortgage Payment	Monthly Net Income	Present Market Value	Current Mortgage Balance	Equity
			TOTAL:							

SCHEDULE F: Real Estate (100% Owned)

Address and Type of Property/Title in Name of	Percent Owned	Month/Year Purchased	Purchase Price	Monthly Gross Income	Monthly Expenses	Monthly Mortgage Payment	Monthly Net Income	Present Market Value	Current Mortgage Balance	Equity
			TOTAL:							

SCHEDULE G: Other Debts Owed (lines of Credit, Installment Loans or Other Obligations to Banks, Credit Unions, or Other Finance Companies)

Name of Lender	Borrower	Date		Amount Outstanding	Secured	
		Originated	Maturity		Yes	No
				TOTAL:		

Additional Information