



150 E. 45th Street, New York, NY 10017 - Tel: 212-532-4444

**PERSONAL FINANCIAL STATEMENT AS OF: \_\_\_\_\_**

Personal Information					
Applicant (Name)			Co-Applicant (Name)		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.	No. of Years with Employer	Title/Position	Business Phone No.	No. of Years with Employer	Title/Position
Home Address			Home Address		
Home Phone No.	Social Security No.	Date of Birth	Home Phone No.	Social Security No.	Date of Birth
Cell Phone No.	Email		Cell Phone No.	Email	
Name, Phone No. of your Accountant			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 Insurance Advisor			Name, Phone No. of your Insurance Advisor		

**Cash Income & Expenditures Statement for Year Ended \_\_\_\_\_ (Omit Cents)**

Annual Income	Amount (\$)	Annual Expenditures	Amount (\$)
Salary (Applicant)		Federal Income and Other Taxes	
Salary (Co-Applicant)		State Income and Other Taxes	
Bonuses & Commissions (Applicant)		Rental Payments, Co-op, or Condo Maintenance	
Bonuses & Commissions (Co-Applicant)		Mortgage Payments Residential Investment	
Rental Income		Property Taxes Residential Investment	
Interest Income		Interest & Principal Payments on Loans	
Dividend Income		Insurance	
Capital Gains		Investments (including tax shelters)	
Partnership Income		Alimony/ Child Support	
Other Investment Income		Tuition	
Other Income (List)**		Other Living Expense	
		Medical Expenses	
		Other Expenses (List)	
<b>Total Income →</b>		<b>Total Expenditures →</b>	

Any significant changes expected in the next 12 months? ☐ Yes ☐ No (If yes, attach information).

\*\* Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

**Balance Sheet as of \_\_\_\_\_**

Assets	Amount (\$)	Liabilities	Amount (\$)
Cash in this Bank (including money market accounts, CD's)		Notes Payable to this Bank	X X X
		Secured	
Cash in Other Financial Institutions (List) (including money market accounts, CD's)		Unsecured	
		Notes Payable to Others (Schedule E)	X X X
		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)	
Net Cash Surrender Value of Life Insurance (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 Vested Retirement Accts.			
Deferred Income (no. of yrs. deferred _____)			
Personal Property (including automobiles)			
Other Assets (List):			
<b>Total Assets</b>		<b>Total Liabilities</b>	
		<b>Net Worth</b>	

Contingent Liabilities	Yes	No	Amount
Are you the 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 due?			_____
What would be your total estimated tax liability if you were to sell your major assets?			_____
If yes to any of the above, please give details:			_____

Schedule A – All Securities (including non-money market mutual funds)							
No. of Shares (Stock) or Face Value (Bonds)	Description	Owner(s)	Where Held	Cost	Current Market Value	Pledged	
						Yes	No
Ready Marketable Securities (including U.S. Governments and Municipals)*							
Non-Marketable Securities (closely held, thinly traded, or restricted stock)							

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

**Life Insurance** (use an additional sheet if necessary)

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

[illegible][illegible]

### Schedule E – Notes Payable

[illegible]

**Please Answer the Following Questions:**

1. Income tax returns filed through (date): \_\_\_\_\_ Are any returns currently audited or contested? ☐ Yes ☐ No  
If yes, what year(s)? \_\_\_\_\_
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? ☐ Yes ☐ No  
If yes, please provide details: \_\_\_\_\_
3. Have you drawn a will? ☐ Yes ☐ No  
If yes, please furnish the name of the executor(s) and year will was drawn: \_\_\_\_\_
4. Number of dependents (excluding self) and relationship to applicant: \_\_\_\_\_
5. Have you ever had a financial plan prepared for you? ☐ Yes ☐ No
6. Did you include two years of federal and state tax returns? ☐ Yes ☐ No
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? ☐ Yes ☐ No  
If so, please indicate where, how much, and name of banker: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Do you anticipate any substantial inheritances? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: Habib American Bank, New York, NY ("You")

Date:

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 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 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. Each of the undersigned understands that if he has made any false statements herein which he knows to be untrue, that such false statements may subject him to, among other things, criminal sanction under Section 210.45 of the Penal Law of New York State.

"Security Interest" is a term defined in Section 1-202 (37) of the Uniform Commercial Code of the State of New York as "an interest in personal property which secures payment or performance of an obligation."

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant's Signature (if you are requesting the financial accommodation jointly)