

FINANCIAL STATEMENT	<input type="checkbox"/> Applicant Only	<input type="checkbox"/> Joint	Financial Statement Date: _____
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ASSETS:	Where Held	Amount	DEBTS:	Owed To	Mo. Pmt.	Amount
Checking	_____	\$ _____	Accounts Owed	_____	\$ _____	\$ _____
Savings	_____	\$ _____	Accounts Owed	_____	\$ _____	\$ _____
Notes Rec.	_____	\$ _____	Other	_____	\$ _____	\$ _____
Other	_____	\$ _____	Other	_____	\$ _____	\$ _____
Auto: Make _____	Yr _____	\$ _____	Auto Loan	_____	\$ _____	\$ _____
Auto: Make _____	Yr _____	\$ _____	Auto Loan	_____	\$ _____	\$ _____
Real Estate: Cost	_____	\$ _____	Mortgage	_____	\$ _____	\$ _____
_____			Mortgage	_____	\$ _____	\$ _____
Personal:	_____	\$ _____	Other Debts	_____	\$ _____	\$ _____
Other	_____	\$ _____	Total Debts	_____	\$ _____	\$ _____
Total Assets:		\$ _____	Net Worth			\$ _____
			Total Debt and Net Worth			\$ _____

Are you required to Pay Alimony/Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much? _____	Have you ever Filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when? _____	Do you have any Judgements? <input type="checkbox"/> Yes <input type="checkbox"/> No
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APPLICANT'S SIGNATURE _____ DATE _____	CO-APPLICANT'S SIGNATURE _____ DATE _____
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*******FOR BANK USE ONLY*******

Purpose: _____ _____ Collateral: _____ _____ _____	FEES VEHICLE INSP. FEE LOAN ORIGATION LIEN RECORDING VSI LIFE INSURANCE (J/S) A & H INS. (Y/N) INTEREST RATE (%) IF VARIABLE, INDEX & MARGIN DEBT/INCOME CREDIT SCORE	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	CLOSING DATE DATE/TIME FOR RENEWAL OFFICER # BRANCH NEW LOAN (Y/N) RENEWAL (Y/N) REFINANCE (Y/N) LOAN GRADE	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">TERM</th> <th style="width: 20%;">PMT FREQUENCY</th> <th style="width: 20%;">FIRST PMT DUE</th> <th style="width: 45%;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	TERM	PMT FREQUENCY	FIRST PMT DUE	AMOUNT					KY Insurance Disclosure: Yes or No _____ Home Improvement: Yes or No _____	Approving Officer: _____	Declined By: _____	Consenting Officer: _____
TERM	PMT FREQUENCY	FIRST PMT DUE	AMOUNT									

DUE US AT PRESENT

Loans	Number	Direct Amount	Indirect Amount
Total PEB Exposure Including this Note \$ _____			