



**PERSONAL FINANCIAL STATEMENT AS OF**

\_\_\_\_\_ (Date)

**PERSONAL INFORMATION**

<b>APPLICANT (NAME)</b>				<b>CO-APPLICANT (NAME)</b>			
Employer				Employer			
Address of Employer				Address of Employer			
Bus. Phone No.	No. of Years with Employer	Title/Position		Bus. Phone No.	No. of Years with Employer	Title/Position	
Name of previous employer & position (if w/ current employer less than 3 yrs.)			No. of Yrs.	Name of previous employer & position (if w/ 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 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** \_\_\_\_\_

<b>ANNUAL INCOME</b>	<b>AMOUNT (\$)</b>	<b>ANNUAL EXPENDITURES</b>	<b>AMOUNT (\$)</b>
Salary (applicant)		Federal Income & Other Taxes	
Salary (co-applicant)		State Income & Other Taxes	
Bonuses & Commissions (applicant)		Rental Payments	
Bonuses & Commissions (co-applicant)		Co-op or Condo Fees	
Rental Income		Mortgage Payments (Residential)	
Interest Income		Mortgage Payments (Investment)	
Dividend Income		Property Taxes (Residential)	
Capital Gains		Property Taxes (Investment)	
Partnership Income		Interest & Principal Payments Loans	
Other Investment Income		Insurance	
Other Income (List)**		Investments (including tax shelters)	
		Alimony/Child Support	
		Tuition	
		Other Living Expenses	
		Medical Expenses	
		Other Expenses	
<b>Total Income</b>		<b>Total Expenditures</b>	

\*\*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.

Any significant changes expected in the next 12 months?      Yes      No  
 (If yes, please explain below)



SCHEDULE B - INSURANCE (Life)						
INSURANCE COMPANY	FACE AMOUNT OF POLICY	TYPE OF POLICY	BENEFICIARY	CASH SURRENDER VALUE	AMOUNT BORROWED	OWNERSHIP
Total						

DISABILITY INSURANCE	APPLICANT	CO-APPLICANT
Monthly Distribution if Disabled		
Number of Years Covered		

SCHEDULE C - PERSONAL RESIDENCE & REAL ESTATE INVESTMENTS, MORTGAGE DEBT (100% ownership)									
PROPERTY ADDRESS	LEGAL OWNER	PURCHASE		MARKET VALUE	PRESENT LOAN BALANCE	LOAN MATURITY DATE	INT. RATE.	MONTHLY PAYMENTS	LENDER
		YEAR	PRICE						
<b>PERSONAL RESIDENCE (Monthly Real Estate Payment Includes: Interest Tax Escrow Insurance Principal)</b>									
Total									
<b>INVESTMENT - Majority Ownership (Monthly Real Estate Payment Includes: Interest Tax Escrow Insurance Principal)</b>									
Total									

SCHEDULE D - Partnerships/Business/PC Interests/Investments (less than majority ownership)*						
TYPE OF INVESTMENT	DATE OF INITIAL INVESTMENT	COST	CURRENT MARKET VALUE	NOTES DUE ON INVESTMENTS	PERCENT OWNED	FINAL CONTRIBUTION DATE
<b>BUSINESS/PROFESSIONAL (name):</b>						
Total						
<b>INVESTMENTS (including Tax Shelters):</b>						
Total						

\*Note: For investments which represent a material portion of your total assets, please include 3 years of the relevant financial statements or tax returns along with supporting schedules, or in the case of partnership investments or S-corporations, schedule K-1s.

SCHEDULE E - NOTES PAYABLE							
DUE TO	TYPE OF FACILITY	AMOUNT OF LINE/LOAN	SECURED (Y/N)	COLLATERAL	INT. RATE	MATURITY	UNPAID BALANCE
Total							

**Please answer the following questions:**

- 1. Income tax returns filed through: \_\_\_\_\_ Are any returns currently being Yes No  
If yes, what year(s)? \_\_\_\_\_ audited or contested?
- 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. Do you have a will or trust? Yes No  
If yes, please furnish the name of the executor(s) or trustee(s) and the year 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 3 years 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 Bank:
- 8. Do you anticipate any substantial inheritances? Yes No  
If yes, please explain:

**Representations & Warranties**

Notice: The Federal Equal Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act, the federal agency that administers compliance with this law concerning this creditor is the Federal Deposit Insurance Corporation. The address is: FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, Missouri 64106.

Massachusetts law prohibits creditors from discriminating against credit applicants on the basis of race, color, religious creed, national origin, sex, gender identity, age, genetic information, ancestry, sexual orientation (not where minor children are the sex object) children, or handicap. The state agency that administers compliance with the state law concerning The Bank of Canton is: The Massachusetts Commission Against Discrimination, One Ashburton Place, Boston, MA 02018.

The information contained in this statement is provided to induce The Bank of Canton ("Bank") 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 The Bank of Canton is 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 The Bank of Canton 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 The Bank of Canton. 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 The Bank of Canton as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, The Bank of Canton may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. The Bank of Canton is authorized to make all inquiries The Bank of Canton deems 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 The Bank of Canton any information it may have on the undersigned. Each of the undersigned authorizes The Bank of Canton to answer questions about its credit experience with the undersigned. As long as any obligations or guarantee of the undersigned to The Bank of Canton 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 gives The Bank of Canton shall be the Bank's property.

Penalty for knowingly making any false statement or willfully overvaluing assets on this Financial Statement; Fine of not more than \$1,000,000 or imprisonment of not more than thirty (30) years, or both - Title 18 United States Code, Sec. 1014

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature:  
(If you are requesting the financial accommodation jointly)

Please see attached Supplemental Disclosure Form which is incorporated herein.