CONFIDENTIAL

CenterBank

PERSONAL FINANCIAL STATEMENT

Statement of Financial Condition as of _____

INDIVIDUAL APPLICANT INFORMATION		CO-MAKER APPLICANT INFORMATION (use separate sheet if necessary)	
Name		Name	
Residence Address		Residence Address	
City, State & Zip		City, State & Zip	
Business Name		Business Name	
Position or Occupation		Position or Occupation	
City, State & Zip		City, State & Zip	
Res. Phone	Bus Phone	Res. Phone	Bus. Phone
SS#	D.O.B.	SS#	D.O.B.

IMPORTANT: If assets or liabilities are owned or owed jointly with co-maker or someone other than co-maker, indicate how the asset is titled and how much you owe or own in the appropriate schedules.

ASSETS	Individual	Comments
Cash in Institutions - Schedule A		
U.S. Government Securities - Sch.B	-	
Securities Held by You - Sch B	-	
Securities Held by Broker - Sch B		
Other Equity Interest - Sch B	-	
Accounts and Notes Receivable	-	
Real Estate Owned - Schedule C		
Partnership Interests - Sch D		
Automobiles		
Cash Value Life Insurance - Sch E	-	
IRAs and 401-Ks		
Other Vested Retirement Accounts		
Other Assets - Itemize		
TOTAL ASSETS	$ -	$

LIABILITIES AND NET WORTH	Individual	Comments
Notes Payable this Bank - Sch A	$ -	$
Notes Payable other Institutions - Sch A	-	
Due on Margin Accounts - Sch B	-	
Credit Cards and other Bills		
Unpaid Taxes	-	
Mortgage Loans - Schedule C or D		
Land Contracts - Schedule C or D	-	
Life Insurance Loans Sch E	-	
Other Liabilities - Itemize		
TOTAL LIABILITIES	$ -	
NET WORTH (Assets less Liabilities)	$ -	
TOTAL LIABILITIES & NET WORTH	$ -	$

SOURCES OF INCOME	INDIVIDUAL	CO-MAKER
Salary		
Bonus and Commissions		
Dividends/Interest		
Real Estate Income		
* Other Income - Itemize		
TOTAL	$ -	

* Alimony, Child Support or Separate Maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed payments received under

____ Court Order ____ Written agreement ____ Oral understanding

CONTINGENT LIABILITIES	NO	YES	ESTIMATED AMOUNTS $
Do you have any			
Contingent liabilities (as endorser co-maker or guarantor? … on leases? On contracts?)	___	____	_____
Pending Legal Claims?	___	____	_____
Outstanding letter of credit or other special debt or circumstances?	___	____	_____
Income Tax liens?	___	____	_____

If "yes" to any questions please describe:

GENERAL INFORMATION		
Partner, Officer or owner in any other venture? If yes, Explain _____	____ No	___ Yes
income taxes filed and paid through (Date)		
Are you a Defendant in any Suits or Legal Action? If yes, Explain _____	___ No	____ Yes
Have you ever declared bankruptcy? If yes, Explain _____	___ No	____ Yes
Do you have Disability Insurance? If yes, monthly distribution is _____ Number of years covered is _____	____ No	___ Yes
Do you have a Will? If yes, Executor is	___ No	____ Yes
Do you have a Trust? If yes, Trustee is	___ No	____ Yes
Number of Dependants____ Ages		

(USE SEPARATE SHEET IF NECESSARY) - OVER- COMPLETE ALL SCHEDULES AND SIGN ON NEXT PAGE

SCHEDULE A: BANKS, BROKERS, SAVINGS & LOANS ASSOCIATION, FINANCE COMPANIES OR CREDIT UNIONS.

List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans or lines of credit

NAME OF INSTITUTION	DEPOSIT ACCOUNT BALANCE	HIGH CREDIT	AMOUNT OWING	MONTHLY PAYMENT	SECURED BY WHAT ASSETS

SCHEDULE B: U.S. GOVERNMENT, MARKETABLE AND NON-MARKETABLE SECURITIES

NUMBER OF SHARES OR FACE VALUE (BONDS)	DESCRIPTION	IN NAME OF	COST	MARKET VALUE	ARE THESE PLEDGED?

SCHEDULE C: REAL ESTATE OWNED (and Related Debt, if Applicable)

DESCRIPTION OF PROPERTY OR ADDRESS	TITLE IN NAME OF	DATE ACQUIRED	% OWNED	COST	PRESENT MKT. VALUE	MORTGAGE OR LAND CONTRACT		
						BAL.OWING	MO PYMT.	HOLDER

SCHEDULE D: PARTNERSHIP INTERESTS

DESCRIPTION OF PROPERTY OR ADDRESS	TITLE IN NAME OF	DATE ACQUIRED	% OWNED	COST	PRESENT MKT. VALUE	MORTGAGE OR LAND CONTRACT		
						BAL.OWING	MO PYMT.	HOLDER

SCHEDULE E: LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

NAME OF INSURANCE COMPANY	OWNER OF POLICY	BENEFICIARY	FACE AMOUNT	CASH SURRENDER VALUE	POLICY LOANS

APPLICANT SIGNATURE **DATE**

CO-MAKER APPLICANT SIGNATURE **DATE**

OHIO RESIDENTS: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.