

# Financial Statement

Bank of Botetourt  
P O Box 647  
Troutville VA 24175

**INDIVIDUAL INFORMATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Business or Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**JOINT PARTY INFORMATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Business or Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

**ASSETS**

Cash On Hand: \_\_\_\_\_  
 Cash Value of Life Insurance \_\_\_\_\_  
 US Govt. Securities \_\_\_\_\_  
 Other Marketable Securities \_\_\_\_\_

**TOTAL LIQUID ASSETS:** \_\_\_\_\_

Real Estate Owned \_\_\_\_\_  
 Mortgages & Contracts Owned \_\_\_\_\_  
 Notes & Accounts Receivable \_\_\_\_\_  
 Other Securities – \_\_\_\_\_  
 Not readily marketable \_\_\_\_\_  
 Personal Property \_\_\_\_\_  
 IRA & Tax Deferred Accounts \_\_\_\_\_

**TOTAL PRODUCTIVE ASSETS:** \_\_\_\_\_

**TOTAL ASSETS:** \_\_\_\_\_

**LIABILITIES**

Notes Due to Banks \_\_\_\_\_  
 Notes Due to Others \_\_\_\_\_  
 Accounts /Bills Payable \_\_\_\_\_  
 Other liabilities Due \_\_\_\_\_  
     Within 1 Year or Less \_\_\_\_\_

**TOTAL SHORT TERM LIABILITIES:** \_\_\_\_\_

Real Estate Mortgages Payable \_\_\_\_\_  
 Liens & Assessments Payable \_\_\_\_\_  
 Other Debts – Itemize \_\_\_\_\_

**TOTAL LONG TERM LIABILITIES:** \_\_\_\_\_

Total Liabilities \_\_\_\_\_  
 Net Worth \_\_\_\_\_

**(Total Assets minus Total Liabilities)**

**TOTAL LIABILITIES AND NET WORTH** \_\_\_\_\_

Salary, Bonuses and Commissions	\$ _____
Dividends and Interest	\$ _____
Rental and Lease Income(Net)	\$ _____
Alimony, Child Support	\$ _____
<b>Total</b>	<b>\$ _____</b>

**Cash in Banks and Notes Due to Banks**

Name of Bank	Type of Account	Type of Ownership	On Deposit	Notes Due Banks	Collateral
			\$ _____	\$ _____	
			\$ _____	\$ _____	
			\$ _____	\$ _____	
			\$ _____	\$ _____	
			\$ _____	\$ _____	
		Cash on Hand	\$ _____		
		<b>Totals</b>	\$ _____	\$ _____	

**Life Insurance**

Company	Face of Policy	Cash Surrender Value	Policy Loan from Insurance Co.	Other Loans Policy as Collateral	Beneficiary
		\$ _____	\$ _____		
		\$ _____	\$ _____		
		<b>TOTALS</b>	\$ _____	\$ _____	

**Securities Owned (Including U.S. Gov't Bonds and all other Stocks and Bonds)**

Face Value-Bonds No. of Shares	Description	Type of Ownership	Cost	Market Value US Govt Sec	Market Value Marketable Sec	Market Value Not Readily Marketable
				\$ _____	\$ _____	\$ _____
				\$ _____	\$ _____	\$ _____
				\$ _____	\$ _____	\$ _____
			<b>Totals</b>	\$ _____	\$ _____	\$ _____

**Notes and Accounts Receivable (Money Payable or Owed to You Individually)**

Maker/Debtor	When Due	Orig Amt	Balance Due Current	Balance Due Over 90 Days	Security (if any)
		\$ _____	\$ _____	\$ _____	
		\$ _____	\$ _____	\$ _____	
		\$ _____	\$ _____	\$ _____	
		<b>Totals</b>	\$ _____	\$ _____	

**Real Estate Owned**

Title in Name of	Description & Location	Date Acquired	Orig Cost	Present Value of Real Estate	Amt Ins Carried	Mortgage Payable Bal Due/ Pymt/ Maturity
			\$ _____	\$ _____	\$ _____	\$ _____
			\$ _____	\$ _____	\$ _____	\$ _____
			\$ _____	\$ _____	\$ _____	\$ _____
		<b>Total</b>	\$ _____		<b>Total</b>	\$ _____

<b>Personal Property</b>					
Description	Date When	Cost When	Value Today	Loans on Property	
	New	New		Balance Due	To Whom Payable
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
<b>TOTAL</b>			\$		

<b>Notes</b>						
Payable To	When Due	Notes Due to Relative/Friend	Notes Due to Others (not banks)	Accounts and Bills	Contracts Payable	Collateral (if any)
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
<b>Totals</b>		\$	\$	\$	\$	

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) acknowledge that representations made in the statement will be relied on by Creditor in its decision to grant such credit. This statement is true and correct in every detail and accuracy represents the financial condition of the Applicant(s) on the date given below. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this statement. Creditor is further authorized to answer any questions about Creditor's credit experience with violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a credit report on them.

The undersigned declares that he/she has read and understands the statements above.

Date Signed \_\_\_\_\_ Signature \_\_\_\_\_ Signature \_\_\_\_\_  
Other Person (If applicable)