



PERSONAL FINANCIAL STATEMENT AS OF _____

Date

PERSONAL INFORMATION

Applicant Name			Co-Applicant Name		
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.	E-Mail Address		Cell Phone No.	E-Mail Address	
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.	# of Years at Co.	Title/Position	Business Phone No.	# of Years at Co.	Title/Position
Name of Previous Employer & Position (if < 2 yrs. in current job)		# of Years	Name of Previous Employer & Position (if < 2 yrs. in current job)		# of Years
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		

Representations and Warranties

The information contained in this statement is provided to induce First Eagle 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 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 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 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.

NOTICE: 18 UNITED STATES CODE 1014, PRESCRIBES CRIMINAL PENALTIES FOR FALSE STATEMENTS IN LOAN APPLICATIONS OR PERSONAL FINANCIAL STATEMENTS TO FEDERALLY INSURED BANKS.

Applicant's Signature

Date

Co-Applicant's Signature

Date

(If you are requesting the financial accomodation jointly)

SCHEDULE A - Cash and Short Term Investments (Checking and Savings Accounts, CD's, Money Market Accounts, etc.)				
Name of Financial Institution	Type of Account/Account #	Legal Owner(s)	Total	If Pledged, to whom
Institution*:			\$	
Institution*:				
Institution*:				
Institution*:				
Institution*:				
Institution*:				
Institution*:				

Total Cash and Short Term Investments-Please enter total on Balance Sheet, Page 2 → \$

*Please attach a statement for all accounts not held at First Eagle Bank.

SCHEDULE B - Readily and Non-Readily Marketable Securities					
Name of Security	Where Held	Account #	Current Mrkt. Value	Legal Owner(s)	If Pledged, to whom
READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals)*					
			\$		
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock)*					
			\$		

Total Marketable Securities-Please enter total on Balance Sheet, Page 2 → \$

*Please attach a brokerage statement for all Marketable Securities.

SCHEDULE C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)*							
Address	Legal Owner(s)	Purchase Year	Purchase Price	Market Value	Present Loan Balance	Interest Rate	Lender
PERSONAL RESIDENCE(S)							
				\$	\$		
INVESTMENT PROPERTY							
				\$	\$		

TOTAL → \$

*If not enough space, attach a separate schedule or list on page 6.

SCHEDULE D - Equity Interest in Business (less than majority ownership for real estate partnerships)**							
Type of Investment	Date of Initial Investment	Cost	Current Market Value	Loan Balance Due	Personal Liability	Pledged Y/N	Your % Equity

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

SCHEDULE E - Vested Interest in Deferred Income/Retirement Accounts				
Name of Company	Amount	Account #	Legal Owner(s)	Beneficiary
	\$			
TOTAL →	\$	*Please attach a copy of brokerage statement for all accounts.		

SCHEDULE F - Life Insurance (use an additional sheet if necessary)							
Insurance Co. & Account No.	Face Amount of Policy	Cash Surrender Value	Ownership	Type of Policy	Amount Borrowed	Pledged Yes No	Beneficiary
		\$			\$	<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	

SCHEDULE G - Notes Payable To Others							
Due To:	Type of Loan	Original Amount If LOC Max. Amount	Secured Yes No	Collateral	Interest Rate	Maturity Date	Unpaid Balance
		\$	<input type="checkbox"/> <input type="checkbox"/>				\$
			<input type="checkbox"/> <input type="checkbox"/>				
			<input type="checkbox"/> <input type="checkbox"/>				
			<input type="checkbox"/> <input type="checkbox"/>				

INCOME AND EXPENDITURES STATEMENT FOR YEAR ENDED _____			
ANNUAL INCOME	AMOUNT (\$)	ANNUAL EXPENDITURES	AMOUNT (\$)
Salary (applicant)		Federal Income and Other Taxes	
Salary (co-applicant)		State Income and Other Taxes	
Bonuses & Commissions (applicant)		Mortgage Payments - Residential	
Bonuses & Commissions (co-applicant)		Mortgage Payments - Investment	
Rental Income		Property Taxes - Residential	
Interest Income		Property Taxes - Investment	
Dividend Income		Rental Payments	
Capital Gains		Insurance	
Partnership Income		Investments	
Other Income (List):		Alimony/Child Support	
		Tuition	
		Other Living Expense	
		Medical Expenses	
		Other Expense (List):	
TOTAL INCOME →	\$	TOTAL EXPENDITURES →	\$

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. Include information on spouse only if spouse is joint applicant.

CONTINGENT OBLIGATIONS	YES	NO	AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any outstanding letters of credit or surety bonds? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any suits or legal actions pending against you or any entity associated with you? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Are you contingently liable on any lease or contract? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Are any of your tax obligations past due? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	
In Schedule C and D: Are you liable for more than the percentage ownership shown? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Are any or your assets held in, or owned by, a Living Trust, Land Trust or Other Trust? If yes, explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	

ADDITIONAL INFORMATION
<p>1. Income tax returns filed through (date): _____ Are any returns currently being audited or contested? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, what year(s)? _____</p> <p>2. Did you include two years federal and state tax returns? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>3. Have (either of) you or any firm in which you are/ever have been associated with ever declared bankruptcy? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, please provide details: _____</p> <p>4. Have either of you ever been convicted of a felony? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>5. Have you drawn a will? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, please furnish the name of the executor(s) and year will was drawn: _____</p> <p>6. Number of dependents (excluding self) and relationship to applicants: _____</p> <p>7. Have you ever had a financial plan prepared for you? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, by whom and date? _____</p> <p>8. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? <input type="checkbox"/>Yes <input type="checkbox"/>No If so, please indicate where, how much, and name of banker: _____</p> <p>9. Do you have a Home Equity Line of Credit? If so, what is the Credit Limit? _____ What is the current balance? _____ Who is the borrower? _____ Name of Lender _____ Interest Rate _____</p> <p>10. Are either of you receiving disability insurance? If so, how much and from whom? _____</p> <p>11. Additional comments/information: _____ _____ _____ _____</p>



REAL ESTATE OWNED SCHEDULE AS OF _____

Date

Legal Name/ Property Address	Property Type	Acquisition Date/Cost	Lender's Name and Loan #	Interest Rate	Balance of Mortgage	Amount of Mortgage Guaranteed	Market Value	% Occupied	% Owned	All Payments Made as Agreed	Gross Annual Income	Annual Operating Expenses	Annual Taxes & Insurance	Annual Mortgage Payment	Net Cash Flow	% Owned Net Cash Flow
					\$	\$	\$				\$	\$	\$	\$	\$	\$
Totals _____ →					\$	\$	\$				\$	\$	\$	\$	\$	\$

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Applicant Signature: _____
Date

Co-Applicant Signature: _____
Date

Applicant Print Name: _____

Co-Applicant Print Name: _____



Please retain this Disclosure for your files

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact First Eagle Bank, 1040 E. Lake Street, Hanover Park, IL 60133, (630) 893-3800 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The federal Equal Credit 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: Federal Reserve Consumer Help Center, P.O. Box 1200, Minneapolis, MN 55480.

DISCLOSURE OF RIGHT TO REQUEST A COPY OF YOUR APPRAISAL

You have the right to a copy of the appraisal report used in connection with your application for credit. If you wish a copy, please write to us at the mailing address we have provided. We must hear from you no later than 90 days after we notify you about the action taken on your credit application or you withdraw your application.