

Personal Financial Statement

Applicant (Full Legal Name)				Spouse (Full Legal Name)			
Street Address				Street Address			
City, State & Zip		County		City, State & Zip		County	
Employer / Occupation				Employer / Occupation			
Home Phone		Business Phone		Home Phone		Business Phone	
Date of Birth		Social Security Number		Date of Birth		Social Security Number	
Driver's License Number	State	Issue Date	Exp Date	Driver's License Number	State	Issue Date	Exp Date

I am providing this Personal Financial Statement to SSB Community Bank ("SSB") banking or lending office where application is being made in connection with:

- My/Our application to SSB for an extension of credit or other business relationship.
- The application of _____ to SSB for an extension of credit or other business relationship, for which I am willing to be a cosigner or guarantor.
- The application of _____ of which I am/we are a principal owner, partner, executive officer, or director, to SSB for an extension of credit or other business relationship with SSB.
- Review by SSB of an extension of credit made by SSB to me or to another person or entity of which I am/we are a principal owner, partner, executive officer, or director or for which I/we have cosigned or guaranteed the credit or a review by SSB of any other business relationship I/we or any entity of which I am/we are a principal owner, partner, executive officer, or director have with SSB.

CONDITION AS OF _____ (Date)

Leave no blanks. Insert "0" or word "None" where necessary to complete information

ASSETS	\$000's			LIABILITIES	\$000's		
	Applicant	Spouse *	Joint		Applicant	Spouse *	Joint
Cash on hand and on Deposit (Schedule 1)				Mortgage Notes Payable (Schedule 6)			
U.S. Government Obligations				Notes secured by other than R.E. (Schedule 7)			
Other Investments (Schedule 2)				Unsecured Notes (Schedule 7)			
IRA / Keogh Plans / Annuity / 401K (Schedule 3)				Contract Accounts Unpaid (Schedule 8)			
Life Insurance-Cash Value (Schedule 4)				Open Accounts Unpaid (Schedule 8)			
Notes Receivable:				Current & Unpaid Interest			
Secured or Unsecured (Schedule 5)				Current Year Federal Taxes			
Accounts Receivable (Schedule 5)				Any Other Indebtedness - Itemize			
Real Estate-Appraised Value (Schedule 6)							
Farm Implements or Machinery							
Autos: Make and Year							
Misc:							
Misc:							
Book Value Business Interests							
Total Assets:	\$ -	\$ -	\$ -	Total Liabilities:	\$ -	\$ -	\$ -
				Net Worth:	\$ -	\$ -	\$ -
				Total Liabilities & Net Worth:	\$ -	\$ -	\$ -

Contingent Liabilities

Liability as Guarantor or Cosigner for accounts and Loans of others (describe)	\$000's
Liability for Leases (describe)	
Liability other than above-Itemize (describe)	
Total Contingent Liabilities	\$ -

Annual Income (\$000's)				Annual Expenditures (\$000's)			
	Applicant	Spouse *	Joint		Applicant	Spouse *	Joint
Salary, Wages, Commissions				Mortgage or Rent			
Income from Business				Income Taxes			
Rents and Royalties				Insurance Premiums			
Income from Investments				Property Taxes			
Alimony, child support or separate maintenance income need not be revealed if you do not choose to have it considered as a basis for repaying this loan.				Alimony, child support or separate maintenance			
Other Income-Itemize				Other-itemize (include installment payments)			
Total Income:	\$ -	\$ -	\$ -	Total Expenses:	\$ -	\$ -	\$ -

DETAILS RELATIVE TO ASSETS AND LIABILITIES (If space is insufficient, attach supplemental list.)

SCHEDULE 1 - Cash on Deposit (\$000's)					
Name of Depository	Type	Amount	Name of Depository	Type	Amount

SCHEDULE 2 - Other Investments - Stocks and Bonds (\$000's)							
Description	Preferred / Common / Investment Account	Number Shares	Book Value	Market Value	Listed on Exchange	# Shares or \$ Amount Pledged (please include the "\$" symbol when needed)	Where Pledged

SCHEDULE 3 - Retirement Assets (\$000's)							
Description	Benefit of Whom	Type	Value	Description	Benefit of Whom	Type	Value

SCHEDULE 4 - Life Insurance (\$000's)							
Issuing Company	Beneficiary Name and Relationship	Kind of Insurance	Face Amount	Present Cash Value	Amount of Policy Loan	Annual Premium	

SCHEDULE 5 - Notes and Accounts Receivable - Secured and Unsecured (\$000's)							
Maker	Cosigner or Guarantor	Maturity	Rate	Interest Paid to Date	Face Amount	Balance Due	List Security If Secured

SCHEDULE 6 - Real Estate (\$000's)						
Description & Location	Creditor Name	Purchased Amount	Date	Appraisal Value	Mortgage Debt	Monthly Pmt.

For each property, give the date of the last appraisal, appraiser name, and company					
Property	Date	Appraiser	Property	Date	Appraiser

SCHEDULE 7 - Notes Payable "Unsecured and with Security other than Real Estate" (\$000's)

Owed to	Balance	Monthly Payment	Collateral	Interest Rate	Secured, Cosigned or Guaranteed By

SCHEDULE 8 - Contracts and Open Accounts Unpaid (\$000's)

Owed to	Amount	When Contracted	When Due	For What

OTHER INFORMATION

If no provision has been made for payment of Federal taxes for current year, state estimated amount. _____

Are you a partner/owner in any firm? _____ If so, supply name(s) and interest. _____

Are there any judgments unsatisfied or suits pending against you and for what amount? _____

Have you ever declared bankruptcy? _____ If so, when? _____

Do you have a will? _____

Are you obligated on any leases not included in Liabilities above? _____

Give details. _____

Are any of the assets listed on this financial statement controlled by a Trust? _____

If so, please note which ones: _____

Are there any of your assets, other than those indicated in the schedules, pledged in any way? _____

Are any liabilities, other than those indicated in the schedules, secured, cosigned or guaranteed? _____

The information contained in this statement for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements herein, and to determine my/our credit worthiness, including obtaining personal credit bureau reports. You are authorized to answer about your credit experience with me/us.

Notice: 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.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

MAIN OFFICE
 152 N. Wooster Ave.
 P.O. Box 107
 Strasburg, OH 44680
 Phone: 330-878-5555
 Fax: 330-878-5508

BERLIN OFFICE
 4599 State Route 39
 P.O. Box 416
 Berlin, OH 44610
 Phone: 330-893-7055
 Fax: 330-893-7057

DOVER OFFICE
 804 Boulevard
 Dover, OH 44622
 Phone: 330-364-9898
 Fax: 330-364-9760

