

**SSB COMMUNITY BANK**  
 224 N. Bodmer Avenue - PO Box 107 - Strasburg, OH 44680  
 330-878-5555 / 330-878-5508 fax

**Personal Financial Statement**

			<b>Date of Statement:</b>		
<b>Name:</b>		<b>SS#</b>		<b>Employer:</b>	
<b>Name:</b>		<b>SS#</b>		<b>Employer:</b>	
<b>Address:</b>			<b>Home Phone:</b>		
<b>City, State, Zip Code:</b>			<b>Business Phone:</b>		
	<b>Assets</b>	<b>Amount in Dollars</b>		<b>Liabilities</b>	<b>Amount in Dollars</b>
<b>Schedule 1</b>	Cash - checking, savings, on hand		<b>Schedule 6</b>	Current Debt (Accounts Payable)	
<b>Schedule 2</b>	Securities - stocks / bonds / mutual funds		<b>Schedule 7</b>	Real estate mortgages	
	Notes & contracts receivable			Taxes payable	
<b>Schedule 3</b>	Retirement Funds (eg. IRAs, 401(k))		<b>Other Liabilities (specify):</b>		
<b>Schedule 4</b>	Life insurance (cash surrender value)				
	Personal Property, HHGS				
<b>Schedule 5</b>	Real Estate Owned				
<b>Other</b>					
			<b>Total Liabilities</b>		
	<b>Total Assets</b>		<b>Net Worth</b>		
<b>GROSS ANNUAL INCOME</b>	<b>Year Ended 12/31/</b>	<b>AMOUNT</b>	<b>MONTHLY EXPENSES</b>	<b>AMOUNT</b>	
	Salary or Wages		Payments on Mortgages		
	Bonus and Commission		Payments on All Other Loans		
	Dividends and Interest		Other Expenses		
	Rental and Lease Income				
	Other Income				
	<b>Total Annual Income</b>		<b>Total Monthly Expenses</b>		
<b>CONTINGENT LIABILITY</b>					<b>AMOUNT</b>
As a co-maker or guarantor on notes or leases					
As a partner or officer in any other venture (if so describe)					
Defendant in any legal action (explain)					
<b>Total Contingent Liability</b>					
<p>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 made herein, and to determine my/our creditworthiness, including obtaining personal credit bureau reports. You are authorized to answer questions about your credit experience with me/us.</p>					
Notice: The State Laws against discrimination require that all creditors make credit equally available to all credit-worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The State Civil Rights Commission administers compliance with this law.			<b>Signature:</b>		<b>D.O.B.</b>
			<b>Signature:</b>		<b>D.O.B.</b>

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**Personal Financial Statement**

**Schedule 1: Checking and Savings Accounts**

	Bank Name	Account Holder Name	Type(s) of Account	Balance
<b>Total</b>				

**Schedule 2: Securities / stocks / bonds / mutual funds / stock in closely held companies (Attach additional information if needed)**

	Name of Investment	Date of Acquisition	Number of Shares	Price Per Share	Total Value
<b>Total</b>					

**Schedule 3: IRA's, 401(k), Retirement Accounts**

	Bank / Brokerage	Amount	Name	Total Value
<b>Total</b>				

**Schedule 4: Life Insurance**

	Company Name / Person Insured	Beneficiary	Face Amount	Cash Value
<b>Total Cash Value</b>				

**Schedule 5 & 7: Real Estate (Attach additional information if needed)**

	Description / Location	Creditor Name	Monthly Payment	Amount Due	Market Value
<b>Totals</b>					

**Schedule 6: Accounts Payable & Installment Loans**

	Creditor Name	Collateral	Monthly Payment	Balance Due
<b>Total</b>				