

| | | | | | | | | | |
|-----------------------------|--|------------------------|--------|--|-------------------------|------------------------|-------|--------|---------|
| Applicant (Full Legal Name) | | Date | | Co-Applicant (Full Legal Name) – If Applicable | | Date | | | |
| Street Address | | | | Street Address | | | | | |
| City, State, & Zip Code | | County | | City, State, & Zip Code | | County | | | |
| Employer & Occupation | | | | Employer & Occupation | | | | | |
| Phone Number | | Email Address | | Phone Number | | Email Address | | | |
| Date of Birth | | Social Security Number | | Date of Birth | | Social Security Number | | | |
| Driver's License Number | | State | Issued | Expires | Driver's License Number | | State | Issued | Expires |

I am providing this Personal Financial Statement to SSB Community Bank where application is being made in connection with:
 _____ My/Our application to SSB Community Bank for an extension of credit or other business relationship.
 _____ The application of _____ to SSB Community Bank for an extension of credit or other business relationship, for which I am willing to be a co-signer or guarantor.
 _____ The application of _____ of which I am / we are a principal owner, partner, executive officer, or director, to SSB Community Bank for an extension of credit or other business relationship.

| Assets: | | | Liabilities: | | |
|--|--|-----------|---|---------------------------------|----|
| Schedule 1 | Cash (checking, savings, & on hand) | \$ | Schedule 6 | Current Debt (Accounts Payable) | \$ |
| Schedule 2 | Securities (stocks, bonds, & mutual funds) | \$ | Schedule 7 | Real Estate Mortgages | \$ |
| (cont.) | Notes & Contracts (Accounts Receivable) | \$ | (cont.) | Taxes Payable | \$ |
| Schedule 3 | Retirement Funds (IRAs, 401(k)s, & etc.) | \$ | Other Liabilities (Specify Below): | | |
| Schedule 4 | Life Insurance (cash value) | \$ | | | \$ |
| (cont.) | Personal Property & HHGS | \$ | | | \$ |
| Schedule 5 | Real Estate Owned | \$ | | | \$ |
| Other Assets (Specify Below): | | | | | \$ |
| | | \$ | Total Liabilities | | \$ |
| Total Assets | | \$ | Net Worth | | \$ |
| Gross Annual Income (as of 12/31/2020): | | Applicant | Co-Applicant | Monthly Expenses: | |
| Salary/Wages | \$ | \$ | Payments on Mortgages | \$ | |
| Bonuses & Commissions | \$ | \$ | Payments on All Other Installment Loans | \$ | |
| Dividends & Interest | \$ | \$ | Payments on Revolving Credit Accounts (Minimum) | \$ | |
| Rentals & Leases | \$ | \$ | Other Payments (Specify Below): | | |
| Other Income (Specify Below): | | | | | \$ |
| | \$ | \$ | | | \$ |
| Total Gross Annual Income | \$ | \$ | Total Monthly Expenses | | \$ |
| Contingent Liabilities: | | | | | |
| As a co-maker, co-signer, or guarantor on all other credit (mortgages, installment loans, revolving credit accounts, rentals, leases & etc.) | | | | | \$ |
| As a principal owner, partner, executive officer, or director in any other venture (if so, specify here): | | | | | \$ |
| Defendant in any legal action (if so, explain here): | | | | | \$ |
| Total Contingent Liabilities | | | | | \$ |

Main Office

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

Berlin Office

 5120 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

| Schedule 1 – Cash (checking, savings, & on hand): | | | | |
|--|---------------------|------------------|-----------------|--------------|
| Financial Institution Name | Account Holder Name | Type of Account | Balance | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| Schedule 2 – Securities (stocks, bonds, & mutual funds) / Notes & Contracts (Accounts Receivable): | | | | |
| Name of Investment | Date of Acquisition | Number of Shares | Price Per Share | Total Value |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| Schedule 3 – Retirement Funds (IRAs, 401(k)s, & etc.): | | | | |
| Financial Institution / Brokerage Name | Account Holder Name | Type of Account | Total Value | |
| | | | \$ | |
| | | | \$ | |
| Schedule 4 – Life Insurance (cash value): | | | | |
| Insurance Company Name | Person Insured | Beneficiary | Face Amount | Cash Value |
| | | | \$ | \$ |
| | | | \$ | \$ |
| Schedules 5 & 7 – Real Estate Owned & Mortgages (attach additional information if needed): | | | | |
| Description / Location | Creditor Name | Payment | Amount Due | Market Value |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| | | \$ | \$ | \$ |
| Schedule 6 – Current Debt (Accounts Payable): | | | | |
| Creditor Name | Collateral | Payment | Balance Due | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |

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 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. | Signature: | Date: |
| | Signature: | Date: |