

Member FDIC

Equal Housing Lender

**IMPORTANT APPLICANT INFORMATION:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

**IMPORTANT: Read these directions before completing this statement**

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested complete only sections 1, 3 and 4.
- If you are applying for joint credit with another person, complete all sections providing information in section 2 about the co-applicant. (initials) \_\_\_ \_\_\_
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income assets of another person as a basis for repayment on the credit requested, complete all sections, providing information in section 2 about the person whose alimony, support or maintenance payments or income or assets you are relying.
- If this statements related to your guaranty of indebtedness of other persons, firms or corporations, complete sections 1 and 3.

**Section 1 - Individual Information**

Name		Social Security No.		Date of Birth	
Home Address		City		State Zip	
Position / Occupation		Home Phone		Business Phone Cell Phone	
Employer / Address		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Title Length of Service	
Marital Status: <i>(only completed if applying for mortgage secured credit)</i> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (divorced, widowed)		Dependents: No:		Ages:	

**Section 2 - Co-Applicant, Other Party Information**

Name		Social Security No.		Date of Birth	
Home Address		City		State Zip	
Position / Occupation		Home Phone		Business Phone Cell Phone	
Employer / Address		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No		Title Length of Service	
Marital Status: <i>(only completed if applying for mortgage secured credit)</i> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (divorced, widowed)		Dependents: No:		Ages:	

**Section 3 - Statement of Financial Condition as of (date)**

ASSETS	LIABILITIES
Cash: Checking, Savings, CD's etc. (schedule 1)	Charge Accts. & Bills Due (sched 7)
Investments: Marketable Securities (schedule 2)	Accrued Income Taxes
Investments: Closely Held Companies (schedule 3)	Accrued Property Taxes
Accounts & Notes Receivable (schedule 4)	Notes Payable (less than one year)
Real Estate, include residence (schedule 5)	
Automobiles & Personal Property	Notes Payable (schedule 6)
Cash Value Life Insurance (schedule 8)	Real Estate Mortgages (schedule 5)
Machinery & Equipment	Land Contracts Payable
Snowmobiles, Boats, R.V.	Other Debts: Itemize
Vested Interest In Retirement Accounts	
Retirement Accounts	
Other Assets: (list separately)	
	<b>TOTAL LIABILITIES</b>
	<b>NET WORTH</b>
<b>TOTAL ASSETS</b>	<b>TOTAL LIAB. &amp; NET WORTH</b>

**Section 4 - Annual Sources of Income\* General Information**

\*Inclusion of alimony, separate maintenance, or child support as income is voluntary and need not be revealed if you do not wish to have it considered. If you choose to include such payments, please describe it by the court and case number, the amount and the name and address of the person obligated to pay that amount to you. If you are responsible for paying alimony, separate maintenance or child support, please give particulars of that obligation.

	APPLICANT	CO-APPLICANT
Salary (reported on W2) or		
Professional Net Income		
Bonus & Commissions		
Interest & Dividends		
Net Rental Income		
Business Income (Loss)		
Royalties		
Other Income (Itemize)		
<b>ANNUAL INCOME</b>		

	APPLICANT	CO-APPLICANT
	YES-NO	YES-NO
Responsible for Payment of Alimony		
or Child Support?		
Defendant in Legal Action or Lawsuit?		
Endorser or Co-Maker on Notes(s)?		
Have you ever been declared bankrupt?		
Details of Contingent Liabilities:		

Please indicate ownership of assets or liabilities in the last box: "A" for Applicant, "C" for Co-Applicant, "J" for Joint

On any schedule below, attach additional pages if necessary.

**Schedule 1 - CASH: Checking, Savings, CD'S, Money Market Funds**

Name of Financial Institution	Title on Account	Type of Account	Current Balance	A, C or J
<b>TOTAL</b>				

**Schedule 2 - INVESTMENTS: Marketable Securities**

Description of Security	Registered in Name Of:	# of Shares	Listed (L) Unlisted (U)	Book Value	Market Value	Where Pledge	A, C or J
<b>TOTAL</b>							

**Schedule 3 - INVESTMENTS: Closely Held Companies/ Non-Marketable Securities**

Name of Company	Registered in Name Of:	No. Shares Or Par.	Book Value	Market Value	Where Pledge	A, C or J
<b>TOTAL</b>						

**Schedule 4 - ACCOUNTS & NOTES RECEIVABLE**

Date of Account or Note	Due From	Original Amount	Present Balance	Repayment Terms	Security Held, If Any	A, C or J
<b>TOTAL</b>						

**Schedule 5 - REAL ESTATE: Owned, include residence**

Description	Title In Name of	Original Investment Year	Original Amount Investment	Mortgage Lender	Market Value	Mortgage Balance	Monthly Payments	A, C or J
<b>TOTAL</b>								

**Schedule 6 - NOTES PAYABLE & INSTALLMENT LOANS: Unsecured, Secured**

Owed To	Balance Amount	Payment	Frequency/ Maturity	Terms	Secured By	A, C or J
<b>TOTAL</b>						

**Schedule 7 - CREDIT ACCOUNTS: Credit Cards, Credit Lines, Home Equity Line**

Insurer and Account Number	Credit Limit	Current Balance	Monthly Payments	Secured By	A, C or J
<b>TOTAL</b>					

**Schedule 8 - INSURANCE: Life, Disability, Malpractice**

Insurance Company	Policy Owner/ Name of Insured	Beneficiary	Policy Face Amount	Cash Surrender	Policy Loans	Premium Payments	Where Assigned	A, C or J
<b>TOTAL</b>								

I/we have carefully read and submitted the foregoing information provided on both sides of this statement to Lakestone Bank & Trust. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with Lakestone Bank & Trust. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify Lakestone Bank & Trust of said change(s) and unless Lakestone Bank & Trust is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize Lakestone Bank & Trust to make whatever credit inquiries it deems necessary in connection with this financial statement and to run periodic credit inquiries in order to keep my/our files updated according to Bank policy. I/we authorize and instruct any person or consumer reporting agency to furnish to Lakestone Bank & Trust any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that no payment requirements listed herein are in default except as follows; if "NONE" so state.

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Applicant's Signature	Date Signed	Co-Applicant's Signature	Date Signed
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<b>CREDITOR USE ONLY</b>			
This application was taken by: <input type="checkbox"/> face to face interview <input type="checkbox"/> mail <input type="checkbox"/> telephone <input type="checkbox"/> internet			
Date Application Received:	Received By:	Amount Requested: \$	
Approved By:	Approved By:	Amount Approved: \$	
Rescindable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Funding Date:	Initial Advance: \$	