

FINANCIAL STATEMENT-INDIVIDUAL

Date of Statement:

Name of Individual(s)		Type of Statement	To Financial Institution Named	
		<input type="checkbox"/> INDIVIDUAL CREDIT <input type="checkbox"/> JOINT CREDIT If Joint, initial here: ___ ___	AMERICAN HERITAGE BANK PO BOX 1408 SAPULPA OK 74067	
Home Address		Home Phone	Social Security Number	Date of Birth

ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
Cash and Money Market (Schedule A)		Notes Payable (Schedule J)	
Notes or Accounts Due Me (Schedule B)		Loans Secured By Real Estate (Schedule I)	
Stocks/ Bonds-Marketable (Schedule C)		Life Insurance Policy Loans 9 (Schedule E)	
Other Stocks and Bonds (Schedule C)		Taxes Due (Federal, State, Local)	
Partnership/Proprietorships (Schedule D)		Credit Card Indebtedness	
Cash Surrender Value Life Ins (Schedule E)		Due Brokers-Margin Accounts (Schedule K)	
Real Estate owned (Schedule I)		Other Accounts/Bills Payable (Schedule K)	
Oil & Gas Interests (Schedule F)			
Vested Pension/Retirement (Schedule G)			
IRA and Keough Plans (Schedule G)		TOTAL LIABILITIES	
Other Personal Assets (Schedule H)		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES and NET WORTH	

INCOME AND EXPENSES FOR YEAR ENDING _____			
Salaries and Wages		Interest Paid	
Commissions and Bonuses		Rent Paid	
Interest Income		Federal and State Income Taxes	
Dividend Income		Other Taxes	
Business Income		Alimony, Child Support and Separate Maint.	
Pensions, Annuities, Social Security			
Rental Income			
Other Income to be considered**			
TOTAL ALL INCOME		TOTAL ALL EXPENSES	

****Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower or Co-Borrower does not choose to have it considered for repaying this loan.**

Federal Income Tax Return has been Filed Through _____ Any Additional Assessments? _____

CONTINGENT LIABILITIES		
Nature of Liability	Description	Amount
Liabilities as Endorser, Co-Maker or Guarantor		
Liabilities on Leases and Contracts		
Liabilities on Letters of Credit		
Contested Tax Liens		
Involvement in Pending Legal Actions		

SUPPORTING SCHEDULES (ATTACH ADDITIONAL SCHEDULES AS NEEDED)

SCHEDULE A: CASH IN FINANCIAL INSTITUTIONS AND MONEY MARKET ACCOUNTS

Name of Financial Institution	Account in the Name Of:	Type of Acct	Acct Number	Balance

SCHEDULE B: NOTES OR ACCOUNTS DUE ME

Orig. Amt.	Due From	Balance	Pmt Sched.	Maturity	Collateral

SCHEDULE C: STOCKS AND BONDS

Issuing Company	Registered In the Name Of:	#Shares or Face Amt	\$Per Share	Total Value	Pledged?

SCHEDULE D: PARTNERSHIP/PROPRIETORSHIP INTERESTS

% of Ownership	Name of Entity	Original Cost	Present Value	If Pledged, To Whom?

SCHEDULE E: LIFE INSURANCE

Face Amt	Insurance Company	Policy Owner	Beneficiary	Type of Policy	Face Amt	Policy Loans

SCHEDULE F: OIL AND GAS INTERESTS

Legal Description	WI/RI	Net Interest	Mo Income	Mo Expense	Present Value	Purchaser of Product

SCHEDULE G: VESTED PENSIONS, RETIREMENT FUNDS, IRA, KEOUGH

SCHEDULE H: OTHER PERSONAL ASSETS

Description	Amount	Description	Amount

SCHEDULE I: REAL ESTATE OWNED (✓ Indicates Homestead)

Parcel Num.	Locations and Description of Improvements	✓	Years Acquired	Appraisal			Name of Title Holder
				By Whom	Date	Amount	
1.							
2.							
3.							
4.							
5.							

Parcel Num.	Mortgage or Lien	Mortgage Payable To:	Original Amount	Present Balance	Interest Rate	Payment Amount	Amount of Insurance
1.	1 st						
	2 nd						
2.	1st						
	2nd						
3.	1st						
	2nd						
4.	1st						
	2nd						
5.	1st						
	2nd						

SCHEDULE J: NOTES PAYABLE

Due to Whom:	Amount	How payable	Maturity	Collateral Pledged

SCHEDULE K: OTHER ACCOUNTS AND BILLS PAYABLE INCLUDING AMOUNTS DUE BROKERS

Due to Whom:	Amount	How payable	Maturity	Collateral Pledged

SCHEDULE L: BUSINESSES IN WHICH UNDERSIGNED IS A PRINCIPAL OR PARTNER

Name of Business	Type	% Ownership	Position/Title	Financial Institution

Has the Undersigned been involved in bankruptcy proceedings during the past ten years? ___ Yes ___ No

If yes, please state details: _____

Marital Status (Do not complete if applying for individual unsecured credit) ___ Married ___ Separated ___ Unmarried

Number of Dependents _____

This Financial Statement, supporting schedules and information are submitted by the Undersigned to the American Heritage Bank (AHB) for the purpose of establishing, obtaining, or maintaining credit. It is a true, complete, and correct representation of the Undersigned's financial condition as of the date shown above. AHB is authorized by the Undersigned to check credit and employment history, to verify the accuracy of the information contained herein, and to answer questions about its credit experience with the Undersigned.

Signature _____ Date _____

Signature _____ Date _____