



South Louisiana Bank

Personal Financial Statement

[Confidential]

[Personal Information]

Date:	_____	_____	_____
	<u>UNDERSIGNED</u>		<u>SPOUSE</u>
Name:	_____	Name:	_____
Address:	_____	Address:	_____
City, St & Zip:	_____	City, St & Zip:	_____
SSN:	_____	SSN:	_____
DOB:	_____	DOB:	_____
Driver's License #	_____	Driver's License #	_____
License Issue Date & Exp. Date	_____	License Issue Date & Exp. Date	_____
Home Phone:	_____	Home Phone:	_____
Business Phone:	_____	Business Phone:	_____
Cell Phone:	_____	Cell Phone:	_____
E-mail:	_____	E-mail:	_____

[General Information]

Does the undersigned and/or spouse own or rent their home?	<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Other
Undersigned's marital status:	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Separated
Are either you or your spouse a defendant in any suits or legal action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, attach explanation)
Are there presently any judgments, garnishments & attachments pending against either you or your spouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, complete individual forms)
Has undersigned and spouse executed a separate property agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, complete individual forms)
Have either you or your spouse ever been adjudicated a bankrupt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If yes, attach explanation)

[Employment/Income Information]

(You need not disclose alimony, child support or separate maintenance income unless you want us to consider it for purposes of this financial statement)

	<u>UNDERSIGNED</u>		<u>SPOUSE</u>
Occupation:	_____	Occupation:	_____
Partner/Officer in any Venture:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Partner/Officer in any Venture:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Name:	_____	Employer Name:	_____
Employer Address:	_____	Employer Address:	_____
Years with Employer:	_____	Years with Employer:	_____
Annual Salary:	\$ _____ -	Annual Salary:	\$ _____ -
Bonus/Commissions:	\$ _____ -	Bonus/Commissions:	\$ _____ -
Dividends/Interest:	\$ _____ -	Dividends/Interest:	\$ _____ -
Real Estate Income:	\$ _____ -	Real Estate Income:	\$ _____ -
Other Income:	\$ _____ -	Other Income:	\$ _____ -
Total Income	\$ _____ -	Total Income	\$ _____ -

[Net Worth Analysis]

(From Attached Schedules)

<u>ASSETS</u>	<u>LIABILITIES</u>
Cash Deposits - Schedule (1) \$ _____ -	Real Estate Mortgages - Schedule (5) \$ _____ -
Stocks/Bonds - Schedule (2) \$ _____ -	Moveable Liens - Schedule (6) \$ _____ -
Retirement Funds - Schedule (3) \$ _____ -	Other Liabilities - Schedule (8) \$ _____ -
Other Assets (A/R) - Schedule (4) \$ _____ -	
Real Estate Owned - Schedule (5) \$ _____ -	
Moveable Property - Schedule (6) \$ _____ -	Total Liabilities: \$ _____ -
Cash Value-Life Ins.- Schedule (7) \$ _____ -	Net Worth: \$ _____ -
Total Assets: \$ _____ -	Total Liabilities & Net Worth: \$ _____ -

Please attach any additional information that will be helpful in analyzing this Personal Financial Statement.

For the purpose of obtaining and/or maintaining credit, from time to time in any form whatsoever from the above named Bank, the undersigned submits the following as being true, complete and accurate statement of Undersigned's financial condition, as of the following date. Undersigned agrees to notify Bank immediately and without delay in the event of any change in Undersigned's financial condition or in the financial condition of Undersigned's spouse (where applicable), which materially reduces the means or ability of Undersigned to pay all claims or demands. Undersigned further agrees that, unless Bank is so notified, Bank may continue to rely upon this Personal Financial Statement as a true, complete and accurate statement of the Undersigned's financial condition and the financial condition of Undersigned's spouse.

This personal financial statement is designed specifically for residents of the State of Louisiana. In completing the Statement, information requested as to Undersigned's assets should include all community owned assets acquired since marriage as well as all of Undersigned's separate property (i.e., property acquired prior to marriage, or individually donated to or inherited by Undersigned since marriage). Information requested as to Undersigned's spouse should include only the spouse's separate property.

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION COMPLETED HEREIN HAS BEEN CAREFULLY READ AND IS TRUE, COMPLETE AND CORRECT. Undersigned authorizes Bank to obtain such information as Bank may require concerning the information completed herein. Undersigned further agrees that this Personal Financial Statement shall remain the property of the Bank. Undersigned further authorizes the Bank to contact Undersigned's spouse and other third parties for the purpose of verifying the information contained herein.

_____	_____	_____	_____
Undersigned Signature	Date	Undersigned Spouse	Date
FOR ACCOUNTANT'S USE			

Schedule (1) - Cash Deposits at Bank and Other Financial Institutions	
Financial Institution	Present Balance
	\$ -
	\$ -
	\$ -
	\$ -
Total	\$ -

Schedule (2) - Stocks and Bonds Owned			
Company	Number of Shares	Registered in the Name of	Market Value
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total			\$ -

Schedule (3) - IRA, Keogh or Other Retirement Funds		
Company	Face Value	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
Total		\$ -

Schedule (4) - Other Assets (Including Notes and Accounts Receivables)		
Asset	Market Value	
	\$ -	
	\$ -	
	\$ -	
Total		\$ -

Schedule (5) - Real Estate Owned					
Property Address	Mortgage Company Name	Improvements	Market Value	Monthly Payment	Present Balance
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -	\$ -
Total			\$ -	\$ -	\$ -

Schedule (6) - Automobiles and Other Titled Moveable Property					
Year	Make / Model / Description	Market Value	Monthly Payment	Present Balance	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
Total		\$ -	\$ -	\$ -	

Schedule (7) - Life Insurance			
Company	Owner / Beneficiary	Cash Surrender Value	Face Value
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
Total		\$ -	\$ -

Schedule (8) - Other Liabilities (Including other loans, income taxes, credit cards and notes payable to relatives or others)				
Company or to Whom Debt Owed	Description	Years Financed	Monthly Payment	Present Balance
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
			\$ -	\$ -
Total			\$ -	\$ -

Schedule (9) - Contingent Liabilities - (Notes/Contracts Requiring Your Personal Guarantee)			
Brief Description of Guarantee	Years Financed	Monthly Payment	Present Balance
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
Total		\$ -	\$ -