



5151 Corporate Drive
Troy, MI 48098-2639
Phone: (248) 312-2000

PERSONAL FINANCIAL STATEMENT AS OF

____ / ____ / ____
Date

SUBMITTED TO: FLAGSTAR BANK

PERSONAL INFORMATION

APPLICANT (NAME)			CO-APPLICANT		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No. () -	No. of Years with Employer	Title/Position	Business Phone No. () -	No. of Years with Employer	Title/Position
Name of previous employer & position (if with current employer less than 3 yrs.)		No. of Yrs.	Name of previous employer & position (if with current employer less than 3 yrs.)		No. of Yrs.
Home Address			Home Address		
Home Phone No. () -	Social Security Number - -	Date of Birth / /	Home Phone No. () -	Social Security Number - -	Date of Birth / /
Name, Phone No. of Your Accountant			Name, Phone No. of Your Accountant		
Name, Phone No. of Your Attorney			Name, Phone No. of Your Attorney		
Name, Phone No. of Your Investment Advisor/Broker			Name, Phone No. of Your Investment Advisor/Broker		
Name, Phone No. of Your Insurance Advisor			Name, Phone No. of Your Insurance Advisor		

Cash Income & Expenditures Statement For Year Ended ____ (Omit Cents)

ANNUAL INCOME	AMOUNT (\$)	ANNUAL EXPENSES	AMOUNT (\$)
Salary (applicant)	\$	Federal Income and Other Taxes	\$
Salary (co-applicant)	\$	State Income and Other Taxes	\$
Bonuses & Commissions (applicant)	\$	Rental Payments, Co-op or Condo Maintenance	\$
Bonuses & Commissions (co-applicant)	\$	Mortgage Payments Residential Investment	\$
Rental Income	\$	Property Taxes Residential Investment	\$
Interest Income	\$	Interest and Principal Payments on Loans	\$
Dividend Income	\$	Insurance	\$
Capital Gains	\$	Investments (including tax shelters)	\$
Partnership Income	\$	Alimony/Child Support*	\$
Other Investment Income	\$	Tuition	\$
Other Income (List):	\$	Other Living Expense	\$
	\$	Medical Expenses	\$
	\$	Other Expense (List)	\$
	\$		\$
TOTAL INCOME →	\$	TOTAL EXPENDITURES →	\$

Any significant changes expected in the next 12 months? Yes No (If yes, attach information)

*Income from alimony, child support or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

CONTINGENT LIABILITIES	Yes	No	Amount
Are you a guarantor, co-maker or endorser for any debt of an individual, corporation or partnership?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Are there any suits or legal actions pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Are you contingently liable on any lease or contract?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Are any of your tax obligations past due?	<input type="checkbox"/>	<input type="checkbox"/>	\$
What would be your total estimated tax liability if you were to sell your major assets?			\$
If yes for any of the above, give details (also identify if involving only the applicant, or spouse or joint)			

Balance Sheet as of / / In Whose Name Is Ownership Held?

ASSETS	APPLICANT	CO-APPLICANT/SPOUSE	JOINT
Cash in this Bank (including money market accounts, CDs)	\$	\$	\$
Cash in Other Financial Institutions (including money market accounts, CDs -- list separately)	\$	\$	\$
Readily Marketable Securities (Schedule A)	\$	\$	\$
Non-Readily Marketable Securities (Schedule A)	\$	\$	\$
Accounts and Notes Receivable	\$	\$	\$
Net Cash Surrender Value of Life Insurance (Schedule B)	\$	\$	\$
Residential Real Estate (Schedule C)	\$	\$	\$
Real Estate Investments (Schedule C)	\$	\$	\$
Partnerships/PC Interests (Schedule D)	\$	\$	\$
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accounts	\$	\$	\$
Deferred Income (number of years deferred)	\$	\$	\$
Personal Property - including automobiles (Schedule E)	\$	\$	\$
Other Assets (List) :			
	\$	\$	\$
	\$	\$	\$
TOTAL ASSETS	\$	\$	\$
LIABILITIES			
Notes Payable to this Bank Secured	\$	\$	\$
Notes Payable to this Bank Unsecured	\$	\$	\$
Notes Payable to Others (Schedule F) Secured	\$	\$	\$
Notes Payable to Others Unsecured	\$	\$	\$
Accounts Payable (including credit cards)	\$	\$	\$
Margin Accounts	\$	\$	\$
Notes Due: Partnership (Schedule D)	\$	\$	\$
Taxes Payable	\$	\$	\$
Mortgage Debt (Schedule C)	\$	\$	\$
Life Insurance Loans (Schedule B)	\$	\$	\$
Other Liabilities (List)			
	\$	\$	\$
	\$	\$	\$
TOTAL LIABILITIES	\$	\$	\$
NET WORTH	\$	\$	\$
TOTAL LIABILITIES & NET WORTH	\$	\$	\$



Schedule A - All Securities (including non-money market mutual funds)							
No. of Shares (Stock) or Face Value (Bonds)	DESCRIPTION	OWNER(S)	WHERE HELD	COST	MARKET VALUE CURRENT	Yes/No PLEDGED	
READILY MARKETABLE SECURITIES (including U. S. Government and Municipals)*							
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded or restricted stock)							
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
				\$	\$	<input type="checkbox"/>	<input type="checkbox"/>

*If not enough space, attach a separate schedule. If held in a brokerage account, attach statement.

Schedule B - Insurance							
Life Insurance (use additional sheet if necessary)							
Insurance Company	Face Amount of Policy	Type of Policy	Named Insured	Beneficiary	Cash Surrender Value	Amount Borrowed	Policy Owner
	\$				\$	\$	
	\$				\$	\$	
	\$				\$	\$	

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule C - Personal Residence & Real Estate Investments, Mortgage Debt										
Personal Residence										
Property Address	Legal Owner	Percent Owned	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity	Monthly Payment	Lender
			Year	Price						
				\$	\$	\$			\$	
				\$	\$	\$			\$	
				\$	\$	\$			\$	
Investment										
Property Address	Legal Owner	Percent Owned	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity	Monthly Payment	Lender
			Year	Price						
				\$	\$	\$			\$	
				\$	\$	\$			\$	
				\$	\$	\$			\$	



Schedule D - Partnerships*						
Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date
Business/Professional (indicate name):		\$		\$	\$	
		\$		\$	\$	
Investments (including tax shelters):		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	

*Note: For investments that represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s.

Schedule E – Personal Property (Including Automobiles)							
Type of Property	Current Market Value	Current Outstanding Debt	Lender	Purchase Mo/Yr	Monthly Payment	Rate	Term (In Yrs)
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					
	\$	\$					

Schedule F - Notes Payable								
Payable To	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				
		\$	<input type="checkbox"/>	<input type="checkbox"/>				\$
		\$	<input type="checkbox"/>	<input type="checkbox"/>				\$
		\$	<input type="checkbox"/>	<input type="checkbox"/>				\$
		\$	<input type="checkbox"/>	<input type="checkbox"/>				\$
		\$	<input type="checkbox"/>	<input type="checkbox"/>				\$
		\$	<input type="checkbox"/>	<input type="checkbox"/>				\$



Please Answer the Following Questions:

1. Income tax returns filed through (date): / / Are any returns currently being audited or contested? Yes No

If yes, what year(s)?

2. Have (either of) you, or any firm in which you were a major owner, ever declared bankruptcy (regardless of when/date)? Yes No

If yes, please provide details:

3. Do you have a will? Yes No

If yes, please furnish the name of the executor(s) and year will was drawn:

4. Number of dependents (excluding self) and relationship to applicant:

5. Do you pay alimony/child support? Yes No

If yes, how much annually?

6. Have you ever had a financial plan prepared for you? Yes No

7. Did you include two years of federal and state tax returns? Yes No

8. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? Yes No

If yes, please indicate where, how much and name of banker:

9. Do you have a trust? Yes No

If yes, in whose name?

10. Do you have any other business interest(s)? Yes No

If yes, please explain:

Representations and Warranties

The information contained in this statement is provided to induce you to extend or to continue an existing extension of credit to the undersigned or to another individual or entity upon the guarantee of the undersigned. The undersigned acknowledges that you are relying upon the information contained in this statement and, therefore, represents warrants and certifies that the information contained in this statement is true, correct, and complete. The undersigned agrees to notify you immediately if there is a material change in any of the information provided in this statement, including a change in the undersigned's address, employment, or financial condition and, regardless of whether any of the information has changed, to provide you with an updated statement upon demand. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. The undersigned authorizes you to make all inquiries you deem necessary to verify the accuracy of this information and to determine his/her creditworthiness and authorizes any person or entity, including a consumer reporting agency, to provide you with any information it may have, concerning him/her. This personal financial statement and any other financial statements, reports or other information provided to you by the undersigned, or that may be attached hereto, whether or not so indicated by the undersigned, are fully incorporated into one another by reference. All information that the undersigned gives you shall be your property.

Date

Your Signature

Date

Co-Applicant's (or Spouse) Signature

