



Patriot Funding Corporation

We Serve with Honesty, Integrity and Pride

CONFIDENTIAL PERSONAL FINANCIAL STATEMENT

Name, Address, City, State, ZIP, Social Security Number, Business/Employer, Position or Occupation, Business Phone, Home Phone

SPOUSE'S INFORMATION (IF JOINT APPLICATION)

Name, Social Security Number

To obtain credit from you, I submit the following statement of my financial condition as of, 20

Table with 2 main columns: ASSETS SOLELY OWNED and LIABILITIES AND NET WORTH. Includes sub-headers and various asset/liability categories with dollar amounts.

Table with 2 main columns: ASSETS JOINTLY OWNED and SOURCES OF INCOME. Includes sub-headers and various asset/income categories with dollar amounts.

Table with 2 main columns: CONTINGENT LIABILITIES and GENERAL INFORMATION. Includes categories like As endorser, On leases, Legal Claims, and questions about assets pledged and bankruptcy.

SCHEDULE A – BANK ACCOUNTS

Name and Address of Institution	Type of Account	Name on Account	Current Balance

SCHEDULE B – US GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or Face Value of Bonds	Description	In Name Of	Are these Registered, Pledged or Held by Others	Market Value

SCHEDULE C - NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are these Registered, Pledged or Held by Others	Value	Source of Value

SCHEDULE D – RESIDENCES & OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address & Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Amount	Mortgage Maturity

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Carrier	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Leans	Cash Surrender Value

SCHEDULE F – BANK & OTHER INSTITUTIONAL RELATIONSHIPS

SCHEDULE G – BUSINESS VENTURES

The information contained in this statement is provided to induce you to extend or to continue to extend credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date signed _____ 20____ Signature (Individual) _____
 Social Security Number _____
 Date of Birth _____

Date signed _____ 20____ Signature (other party) _____
 Social Security Number _____
 Date of Birth _____