

Date: \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City, State & Zip Code** \_\_\_\_\_

Assets (omit cents)	Liabilities (omit cents)
Cash on hand ..... (Describe in Section 1)	Credit Cards Payable..... (Describe in Section 11)
Brokerage Accounts ..... (Describe in Section 2)	Notes Payable to Banks and others..... (Describe in Section 12)
Life Insurance -- Cash Value Only..... (Describe in Section 3)	Unpaid Taxes..... (Describe in Section 13)
Other Current Assets..... (Describe in Section 10)	Other Current Liabilities..... (Describe in Section 14)
<b>Total Current Assets</b> _____	<b>Total Current Liabilities</b> _____
Automobiles..... (Describe in Section 4)	Installment Accounts (Auto & Misc. Loans)..... (Describe in Section 4)
Real Estate (Personal Residence)..... (Describe in Section 5)	Mortgages on Real Estate (Personal Residence)..... (Describe in Section 5)
Real Estate (Investment Properties)..... (Describe in Section 6)	Mortgages on Real Estate (Investment Properties)..... (Describe in Section 6)
Net Owned Businesses (100% Ownership)..... (Attach Balance Sheet(s) and Describe in Section 7)	Other Liabilities..... (Describe in Section 14)
Net Businesses (Less than 100% Ownership)..... (Attach Balance Sheet(s) and Describe in Section 8)	Other Guaranteed Debt..... (Describe in Section 15)
IRA or Other Retirement Account..... (Describe in Section 9)	<b>Total Long Term Liabilities</b> _____
Other Assets..... (Describe in Section 10)	<b>Total Liabilities</b> _____
<b>Total Long Term Assets</b> _____	<b>Net Worth</b> _____
<b>Total Assets</b> _____	

**Income:**

Applicant	Employer	Annual Base Income	Bonus/Commission	Length at Employer

**General Information:** Yes/No

Have you filed bankruptcy within the last 7 years? \_\_\_\_\_

Have you been foreclosed upon in the last 7 years? \_\_\_\_\_

Are you party to any claims or lawsuits? \_\_\_\_\_

Are any assets held in a trust? If yes, describe below. \_\_\_\_\_

Section 1. Cash on Hand		
Bank / Institution	Type of Account	Balance
Total		\$0

Section 2. Brokerage Accounts (Stocks/Bonds/Mutual Funds)		
Brokerage	Current Market Value	
Total		

Section 3. Life Insurance Held (Give face amount and cash surrender value of policies-name of insurance companies and beneficiaries.)				
Company Issuing Policy	Death Benefit	Cash Value	Loans Against Cash Value	Beneficiary
Total				

Section 4. Automobiles					
Year	Make	Model	Market Value	Loan Balance	Monthly Pmt
Total					

Section 5. Personal Real Estate Owned				
Address	Market Value	Mortgage Holder	Mortgage Bal	P&I Payment
Total				

Section 6. Rent Roll							
Address	Market Value	Mtg Balance	Lender	Gross Monthly Rent	Principal & Interest	Taxes & Ins.	Net Rental Income
Total							

Section 7. Fully Owned Businesses (100% Ownership)			
Business Name	Assets	Liabilities	Equity
Total			

Section 8. Net Business Less than 100% Ownership (Describe ownership interest in partially held corporations, LLCs and partnerships.)					
Business Name	Business Structure (S-Corp, C-Corp,	Assets	Liabilities	Equity	Ownership (%)
Total					

Section 9. IRA/401K Retirement	
Type	Value
Total	

Section 10. Other Assets (Describe in Detail)

Section 11. Credit Cards Payable. (Use attachments if necessary. Each attachment must be identified as part of this statement you signed.)					
Credit Card Company	Credit Limit	Current Balance	Payment Amount	Freqency (Monthly, Etc.)	High Balance
Total					

**Section 12. Notes Payable.** (Use attachments if necessary. Each attachment must be identified as part of this statement you signed.)

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	P&I Amount	Frequency (Monthly, Etc.)	How Secured or Endorsed
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

**Section 13. Unpaid Taxes** (Describe in detail as to whom payable, when due, amount, and to what property, if any, a tax lien attaches)

**Section 14. Other Liabilities** (Describe in Detail)

**Section 15. Guaranteed Debt** (Describe loans you have previously guaranteed)

Bank/Institution	Unlimited/Limited	Balance	Business Entity	Market Value
<b>Total</b>		<b>\$0</b>		<b>\$0</b>

I authorize Mid America Bank to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.  
**CERTIFICATION:** (to be completed by each person submitting the information requested on this form)

Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that: the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation.

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Date \_\_\_\_\_

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Date \_\_\_\_\_