



personal Financial Statement as of _____.

PERSONAL INFORMATION

Submitted to: _____

APPLICANT (Name)			CO-APPLICANT (Name)		
Home Address			Home Address		
Home Phone No.	Social Security No.	Date of Birth	Home Phone No.	Social Security No.	Date of Birth
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.
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 (\$)
Salary (applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME	\$

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal Income and Other Taxes	\$
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	Residential Investment
Property Taxes	Residential Investment
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expense	
Medical Expenses	
Other Expense (List)	
TOTAL EXPENSE	\$

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.



Balance Sheet as of _____.

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

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"/>	_____

Schedule A – All Securities (including non-money market mutual funds)

No. of Shares (Stock) or Face Value (Bonds)	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEGDED	
						YES	NO
READILY MARKETABLE SECURITIES (including U.S. Governments 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"/>
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock)							
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

* If not enough space, attach a separate schedule or brokerage statement and enter totals only.



Schedule B – Insurance Life Insurance (use additional sheet if necessary)

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

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

Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)

Personal Residence Property Address	Legal Owner	Purchase Price		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

Investment Property Address	Legal Owner	Purchase Price		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

Schedule D – Partnerships (less than majority ownership for real estate 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 which 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 – Notes Payable

Due 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"/>				



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? Yes No
If yes, please provide details: _____
3. Have you drawn 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. Have you ever had a financial plan prepared for you? Yes No
6. Did you include three years federal and state tax returns? Yes No
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? Yes No
If so, please indicate where, how much, and name of banker: _____

8. Do you anticipate any substantial inheritances? Yes No
If yes, please explain: _____

Certification And Signatures

Each of the undersigned hereby instructs, consents and authorizes Severn Savings Bank or any affiliate, subsidiary or other entity related thereto ("Lender") to obtain a consumer credit report and any other information relating to their individual credit status in the following circumstances: (a) relating to the opening of an account or upon application for a loan or other product or service offered by Lender by a commercial entity of which the undersigned is a principal, member, guarantor or other party, (b) thereafter, periodically according to the Lender's credit review and audit procedures, and (c) relating to Lender's review or collection of a loan, account, or other Lender product or service made or extended to a commercial entity of which the undersigned is a principal, member, guarantor or other party. The Applicant(s) individually and by signature(s) of its authorized representative below, hereby certified that: the foregoing has been carefully read by the applicant and is given to Severn Savings Bank ("Bank") for the purpose of obtaining the credit described above and other credit from time to time in whatever form; the information in this Application and any other documents or information submitted in connect with this Application or any other credit request are true and correct statements of the Applicant's financial condition and may be treated by the Bank as a continuing statement thereof until replaced by a new Application or until the Applicant specifically notifies the Bank in writing of any change; and the credit requested herein and any other credit obtained from the Bank by the Applicant on the basis of the information contained in this Application shall be used solely for business and commercial purposes. The Applicant and each Guarantor authorize the Bank to: verify at any time any information submitted to the Bank by or on behalf of the Applicant and/or any Guarantor; obtain further information concerning the credit standing of the Applicant, its representatives and Guarantors; and exchange such credit information with others. The Applicant agrees to provide additional information, financial or otherwise, upon request and agrees that unless otherwise directed by the Applicant in writing, all statements and notices regarding any credit granted by the Bank to the Applicant shall be mailed to the Applicant at the address shown above. Any person(s) signing below is duly authorized and empowered to request credit on behalf of the Applicant.

Unless I/We initial here, Severn Savings Bank is hereby authorized to share this applicant and credit information with its other lenders, which may consider my/our Application for loan approval/purchase. This statement does not limit Severn Savings Bank's right to sell or assign any loans to a third party.
Applicant(s) and each Guarantor initials: _____

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person that opens an account.

What this means for you: When you open an account we will ask you your name, address, date of birth, and other information that allows us to identify you. We may also ask to see your driver's license or other identifying documents.

If the loan or credit accommodation applied for is a joint obligation the undersigned acknowledges their intent to apply for joint credit:

Signature (Applicant)	Title	Print Name	Date
Signature (Co-Applicant)	Title	Print Name	Date
Signature (Guarantor)	Title	Print Name	Date
Signature (Guarantor)	Title	Print Name	Date