



Name	Phone	Date of Birth (MM/DD/YYYY)	Employer	Years
Home Address City State Zip	Social Security Number	Occupation Position	Years	
Name of Spouse (If married see note 1 on page 4)	No. of Dependents	Driver's License No. & State	Business Address	Phone

ASSETS (OMIT CENTS)		LIABILITIES (OMIT CENTS)	
Cash (Schedule 1)	In MetroBank In Other Banks	Mortgages Payable (Schedule 7)	Homestead Other Wholly-Owned R/E Partially Owned R/E
Securities (Schedule 2)	Marketable Non Marketable (Corporation only)	Notes Payable (Non-Real Estate Schedule 6)	
Notes Receivable (Schedule 3)		Investments in Partnerships/LLC (Schedule 8)	
Net Cash Value of Ins. & Annuities (Schedule 4)		Taxes Owing	Income Taxes Other Taxes
Deferred Comp. & Retirement Plans (Schedule 5)		Estimated Credit Card Balance	
Real Estate (Schedule 7)	Homestead Other Wholly-Owned R/E Partial Ownership in R/E	Other Liabilities	
Investments in Partnerships/LLC (Schedule 8)			
Personal Property & Automobiles			
Other Assets			

If doing business as (DBA) Sole Proprietorship (100% personal owned)

Accounts Receivable	Accounts Payable
Equipment & Other Business Assets	Loans
TOTAL ASSETS	TOTAL LIABILITIES
	NET WORTH (Assets less Liabilities)
	CONTINGENT LIABILITIES (Schedule 9)

Schedule 9-Contingent Liabilities

Instructions: State total amount by the type of liability and provide appropriate detail in the space below.

Type	Amount	Type	Amount
A. As Guarantor or Endorser		E. Standby Letter of Credit	
B. On Leases or Contracts		F. Tax Liability if Assets Sold at Stated Values	
C. Legal Claims or Judgments		G. Others	
D. Income Tax Claim or Disputed Amount		Total	

(Describe A to G above) (List each loan separately) Name of Party Receiving Benefit	Amount Obligated	Date Obligated	Maturity Date	Purpose or Explanation; Include Whether You Anticipate Having to Honor This Liability

ANNUAL PERSONAL CASH FLOW STATEMENT

Please provide the following information regarding sources and uses of cash during the calendar year and your projections for the current year. If cash flow deficit exists, explain how the existing or requested debt will be serviced. Income from alimony, child support or maintenance payments need not be revealed unless you wish to have them considered as a basis for repaying the request credit.

Individual Joint

Last Year
20 _____

Current Year
Estimate

Sources of cash

1. Gross Wages or Salaries		
2. Bonuses, Commissions, etc.		
3. Gross Rental Income from Investment Properties		
4. Interest and Dividend Income		
5. Proceeds from Sale of Assets		
6. Distributions from Businesses		
7. Businesses Income (Sole Proprietorship)		
8. Other Sources of Cash, Including Tax Refunds, and Estate & Trust Distributions		

Total Cash Received

Uses of Cash

1. Income Taxes and FICA		
2. Homestead Mortgage Payments		
3. Investment Properties' Mortgage Payments		
4. Investment Properties' Expenses (Insurance, Taxes, etc.)		
5. Other Loans-Principal and Interest (Auto, Consumer, Personal Line of Credit)		
6. Credit Cards		
7. Homestead Real Estate Taxes		
8. Living Expenses (Utilities, Rent, Insurance, Household Expenses, etc.)		
9. Business Expenses (Sole Proprietorship)		
10. Other uses of cash		
11. Vacation		

Total Cash Outlays

Net Cash Flow

I understand the following questions are addressed to me and I have answered them as appropriate.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Are any of the Assets held in trust, in an estate or in any other name or capacity? If so , please identify. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Were any of the Assets (I) owned or claimed by your spouse before marriage; or (ii) acquired by your spouse during marriage by gift or inheritances; or (iii) recovered for personal injuries sustained by your spouse during marriage; or (iv) acquired from the proceeds of liquidation of any of the preceding? If so , please identify. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Are any of your real estate properties used by you in your business? If so , please identify. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Do any of your Assets secure any debts which have not been reported in the preceding schedules? If so , please identify. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Are you a party to any suit or are there any unsatisfied judgments against you? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Have you been through bankruptcy or made an assignment for benefit of creditors? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Personal income tax returns have been filed through _____ (year). Are any income tax returns, whether personal or that of any corporation or partnership in which you are a major owner or general partner, currently being audited or contested? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 8. I have made a will; the executor is _____ |

If your answer(s) to questions 1,2,3,4,5 and/or 6 was (were) yes, please provide further explanation on an attached sheet.

The above financial and supporting schedules, which are submitted to you (MetroBank) of the purpose of obtaining credit from you, present a true, complete, and correct statement of my financial condition as of the date shown. I understand that misrepresenting information on this statement is a criminal offense under federal law punishable by a fine and/or imprisonment.

I will notify you in writing of any material unfavorable change in my financial condition. In the absence of such notice, you may consider this a continuing statement and substantially correct. If I apply for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time I request such further credit. You are authorized to contact any appropriate third parties for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtaining credit information at any time from any of my creditors and/or credit reporting agencies. This financial statement and any other information furnished to you shall be your property. You are authorized to answer questions about your credit experience with me. It is understood that the information provided herein may be shared with MetroBank, N.A or any other subsidiary thereof.

SIGNATURE	DATE	SIGNATURE	DATE
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SCHEDULE 1- DEPOSIT ACCOUNTS

ACCOUNT NAME	BANK NAME & ADDRESS	BALANCE	ACCOUNT #	TYPE (Ch,Sav, MMK,CD)	PLEGDED YES/NO
Total in MetroBank			Total in other Banks		

SCHEDULE 2 - MARKETABLE SECURITIES (Stocks, Bonds, Gov't Issues, Mutual Funds, etc.)

NAME OF ISSUER	REGISTERED IN THE NAME OF	FACE VALUE OR NO. OF SHARES	CURRENT MARKET VALUE PER SHARE	TOTAL VALUE	RESTRICTED* YES/NO	PLEGDED YES/NO

*Restricted means trading of the security is subject to limitations due to letter, legend or control.

SCHEDULE 2 - NON-MARKETABLE SECURITIES (Privately Held Corporations)

DESCRIPTION OF SECURITIES	FACE VALUE OR NO. OF SHARES	BOOK VALUE PER SHARE	TOTAL VALUE	RESTRICTED* YES/NO
Total				

SCHEDULE 3 - NOTES RECEIVABLE

DUE FROM	ORIGINAL AMOUNT	PRESENT BALANCE	RATE	MATURITY	MONTHLY RECEIVE	COLLECTABLE YES/NO	COLLATERAL

SCHEDULE 4 - LIFE INSURANCE AND ANNUITIES (Includes employer provided policies)

COMPANY	FACE AMOUNT	BENEFICIARY	CASH VALUE	POLICY LOAN AMOUNT	NET CASH VALUE	INSURED	PLEGDED YES/NO
Total							

SCHEDULE 5 - DEFERRED COMPENSATION & RETIREMENT PLANS

Includes IRA accounts, KEOGH, 401K, fully vested benefit plans, etc.

TRUSTEE OR PLAN ADMINISTRATOR	TYPE	BENEFICIARY	BALANCE VALUE	PLAN LOAN	NET PLAN VALUE	IN NAME OF	ACCESS DATE
Total							

SCHEDULE 6 - NOTES PAYABLE (Excluded in Schedule 7 and Schedule 8)

BANK NAME	ORIGINAL AMOUNT	PRESENT BALANCE	RATE	MATURITY	MONTHLY PAYMENT	CURRENT YES/NO	COLLATERAL**

**If you are a comaker, list the loan in this schedule and state the borrower's name in this column.

