

PERSONAL FINANCIAL STATEMENT AS OF _____

Submitted to:

Peoples Trust Company
25 Kingman Street
PO Box 320
St. Albans, VT 05478

PERSONAL INFORMATION					
Applicant			Co Applicant (if you are requesting the financial accommodation jointly)		
Name and Address of Employer			Name and Address of Employer		
Business Phone No.	No of Yrs with Employer	Title/Position	Business Phone No.	No of Yrs with Employer	Title/Position
Name of previous employer and position (if with current employer less than 2 years)		No of Years	Name of previous employer and position (if with current employer less than 2 years)		No of Years
Home Address			Home Address		
Home Phone	Social Security	Date of Birth	Home Phone	Social Security	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		

Annual Income	Amount	Annual Expenditures	Amount
Salary (<i>applicant</i>)		Rental Pymt, Co Op, or Condo Maintenance	
Salary (<i>co applicant</i>)		Mortgage Payments	
Bonuses & Commission (<i>applicant</i>)		Residential	
Bonuses & Commission (<i>coapplicant</i>)		Investments	
Rental Income		Property Taxes/Insurance	
Interest Income		Residential	
Dividend Income		Investments	
Capital Gains		Interest and Principal Payments on Loans	
Partnership Income		Alimony/Child Support	
Other Investment Income		Other Expenses (List)	
Other Income (List)**			
Total Income	\$	Total Expenditures	\$

**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 any Peoples Trust Company obligation.

ASSETS (WHAT YOU OWN)		LIABILITIES (WHAT YOU OWE)	
Cash		Accounts and Bills Due	
Stocks and Bonds (see schedule A)		Mortgages (primary, see schedule B)	
Retirement Accounts		Mortgages (investment, see schedule B)	
Real Estate (see schedule B)		Automotive Loans (see schedule C)	
Automobiles		Other Loans (see schedule C)	
Other Assets		Credit Cards (see schedule C)	
Total Assets		Total Liabilities	
=			
		Net Worth (Total Assets minus Total Liabilities) \$	

If any of the above assets are jointly owned, please place an asterisk next to the asset name. The name of the other owner is _____.

Do you want the Bank to consider the jointly owned assets as additional support for your business loan request? ___Yes ___ No

SCHEDULE A STOCKS AND BONDS		
Company	Number of Shares	Market Value as of

SCHEDULE B REAL ESTATE MORTGAGE									
Property Address	% of Ownership	Purchase Year	Purchase Price	Market Value	Present Loan Balance	Int. Rate	Maturity Date	Mo. Pymt	Lender
Primary:									
Investment::									

SCHEDULE C CREDIT CARDS/AUTOMOBILES/OTHER LOANS						
Lender/Creditor	Original Balance	Current Balance	Monthly Payment	Interest Rate	Maturity	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Are any significant changes of income and/or expenses expected in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you guarantor, co maker, or endorser for any debt of an individual, corporation or partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any suits or legal actions pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you contingently liable on any lease or contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your tax obligations past due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes for any of the above, give details

REPRESENTATIONS AND WARRANTIES-The information contained in this statement is provided to induce you to extend or to continue the extension of 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 or full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned failed 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 indebtednesses or the undersigned guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. The undersigned authorize on an on-going basis, any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall provide annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Date

Applicant Signature

Date

Co Applicants Signature (if you are requesting the financial accommodations jointly)