



**PERSONAL FINANCIAL STATEMENT**

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

Name:		Business Phone:	
Residence Address:		Residence Phone:	
City, State, & Zip Code:			
Business Name of Applicant/Borrower:			
<b>ASSETS</b>		<b>LIABILITIES</b>	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks & Others	\$
IRA or Other Retirement Account	\$	(Describe in Section 2)	
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$
Life Insurance-Cash Surrender Value Only	\$	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$
Stocks & Bonds	\$	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$
Real Estate	\$	Mortgages on Real Estate	\$
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$	Unpaid Taxes	\$
Other Personal Property	\$	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$
Other Assets	\$	(Describe in Section 7)	
(Describe in section 5)		Total Liabilities	\$
		Net Worth	\$
Total	\$	Total	\$
<b>Section 1. Source of Income</b>		<b>Contingent Liabilities</b>	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income (Describe below)*	\$	Other Special Debt	\$
Description of Other Income in Section 1.			

**Amarillo**  
 804 S. Madison  
 Amarillo, TX 79101  
 806-373-6641 office  
 806-373-2421 fax

**Crosbyton**  
 522 W. Main St.  
 Crosbyton, TX 79322  
 806-675-2703 office  
 806-675-2448 fax

**Floydada**  
 206 W. California St.  
 Floydada, TX 79235  
 806-983-3922 office  
 806-983-3932 fax

**Tahoka**  
 1801 W Access Rd  
 Tahoka, TX 79373  
 806-561-3888 office  
 806-561-3891 fax

**Tulia**  
 123 N Maxwell  
 Tulia, TX 79088  
 806-995-2480 office  
 806-995-2485 fax

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\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income

Section 2. Notes Payable to Banks and others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name & Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks & Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			

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804 S. Madison  
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806-373-6641 *office*  
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Status of Mortgage			
<b>Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)</b>			
<b>Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)</b>			
<b>Section 7. Other Liabilities. (Describe in detail.)</b>			
<b>Card Type</b>	<b>Credit Card Company</b>	<b>Current Balance</b>	<b>Payment Amount</b>
<b>Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries)</b>			
<b>I authorize Texas Plains Federal Credit Union to make inquires as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).</b>			
<b>Signature:</b>		<b>Date:</b>	<b>Social Security Number:</b>
<b>Signature:</b>		<b>Date:</b>	<b>Social Security Number:</b>

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