



SAVINGS BANK OF DANBURY PERSONAL FINANCIAL STATEMENT AS OF

PERSONAL INFORMATION

FULL NAME(S)		MOTHER'S MAIDEN NAME:	DATE(S) OF BIRTH
HOME ADDRESS – Street	City, State	Zip Code	NUMBER OF YEARS <input type="checkbox"/> OWN <input type="checkbox"/> RENT
HOME TELEPHONE NUMBER ()		SOCIAL SECURITY NUMBER(S)	
CELL PHONE NUMBER ()		PERSONAL EMAIL ADDRESS:	
EMPLOYER		BUSINESS TELEPHONE NUMBER ()	
EMPLOYER'S ADDRESS		BUSINESS EMAIL ADDRESS:	
TITLE/POSITION	NUMBER OF YEARS	NAME OF PREVIOUS EMPLOYER (IF CURRENT EMPLOYER IS LESS THAN 3 YEARS)	

GENERAL INFORMATION

ACCOUNTANT'S NAME	TELEPHONE NUMBER ()	Have you or any entity in which you have an ownership interest ever had to settle on a debt with a bank or financial institution or not paid the loan in full as agreed? YES <input type="checkbox"/> NO <input type="checkbox"/>
		Have you or any entity in which you have an ownership interest ever declared bankruptcy? YES <input type="checkbox"/> NO <input type="checkbox"/>
ATTORNEY'S NAME	TELEPHONE NUMBER ()	Have you ever been convicted of or pleaded guilty to a criminal offense, other than a minor traffic violation? YES <input type="checkbox"/> NO <input type="checkbox"/>
INVESTMENT ADVISOR/BROKER'S NAME	TELEPHONE NUMBER ()	Details: Income taxes filed through
INSURANCE ADVISOR'S NAME	TELEPHONE NUMBER ()	Are any tax returns under audit? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, what year(s)?
Do you have a will? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have a trust? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you the beneficiary of any Trust currently funded but not yet available for your use? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a U.S. Citizen? YES <input type="checkbox"/> NO <input type="checkbox"/> If No, which of the following applies to you? Check one <input type="checkbox"/> Permanent Resident Alien (passport & Alien registration receipt card) <input type="checkbox"/> Non-Permanent Resident Alien (Passport, Visa) <input type="checkbox"/> Are you a U.S. Veteran? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you or are you related to or a close associate of a person who holds a government office or works for a government controlled entity in any foreign country? YES <input type="checkbox"/> NO <input type="checkbox"/>

STATEMENT OF INCOME AND EXPENDITURES

***Income from alimony, child support, or separate maintenance income need not be revealed if the applicant does not wish to have it considered as a basis for repaying this obligation.**

ANNUAL INCOME	AMOUNT (\$)	ANNUAL EXPENDITURES	AMOUNT (\$)
Salary	\$	Federal or State Income and Other Taxes	\$
Bonuses & Commissions		Mortgage Payments Residential	
Rental Income		Investment	
Interest Income		Property Taxes - Residential	
Dividend Income		Investment	
Capital Gains		Interest & Principal Payments on Loans	
Partnership Income		Insurance	
Other Investment Income		Investments (Including tax shelters)	
Other Income (List) *		Alimony/Child Support	
		Tuition	
		Other Living Expenses	
		Medical Expenses	

		Other Expense (List)	
• TOTAL INCOME See next page for * explanation	\$	TOTAL EXPENDITURES	\$
ASSETS	IN DOLLARS	LIABILITIES	IN DOLLARS
Cash in Banks from Schedule 1	\$	Unsecured Loans from Schedule 8	\$
Cash Value Life Insur. From Schedule 2		Secured Loans from Schedule 8	
Marketable Securities - Total from Schedule 3		Life Insurance Loans from Schedule 2	
Non-Marketable Securities		Mortgages	
Accounts/Notes Receivable		⇒ Residence from Schedule 4	
Residence from Schedule 4		⇒ Other wholly owned real estate from Schedule 4 & 5	
Real Estate Investments - Total from Schedule 5		⇒ Partially owned real estate from Schedule 5	
Ownership in Privately Owned Business-From Schedule 6		Taxes Owing	
Automobiles		Automobile and Boat Loans	
Personal Effects		Credit Card balances outstanding	
Retirement Plans from Schedule 7		Other Liabilities (Describe)	
Other Assets (Describe)		Debt Schedule Estimated Tax Liabilities if Major Assets Sold	
		TOTAL LIABILITIES	\$
		NET WORTH (Total Assets minus Total Liabilities)	\$
ASSETS	TOTAL	TOTAL LIABILITIES and NET WORTH	\$

CONTINGENT LIABILITIES			AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, a Corporation or a 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 or any entity in which you have an ownership interest?	<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		\$
What would be your total estimated tax liability if you were to sell your major assets?			\$

If yes for any of the above, please provide details:

AGREEMENT

This financial statement, and any schedules, explanations or additional information attached is submitted on behalf of the undersigned for the purpose of procuring, establishing and maintaining credit from time to time with Savings Bank of Danbury (the "Lender"). The undersigned has carefully read the information contained herein and warrants it to be complete, true and correct as of the following date and that the Lender may continue to rely upon this statement as continuing to be true and correct until a written notice of change is given to Lender by the undersigned.

Further, the undersigned agrees that this statement shall remain the property of the Lender regardless if credit is extended. The Lender is authorized to make any inquiries deemed necessary to verify the accuracy of the information herein including, but not limited to: procuring consumer reports from consumer reporting agencies; obtaining credit information from other financial institutions and extenders of credit, present and past employers, and references.

Applicant 1: _____ Date: _____

Applicant 2: _____ Date: _____

SCHEDULE 1 - CASH IN BANKS						
NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	NAME ON ACCOUNT	BALANCE	PLEGDED	
					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"/>
TOTAL (ASSETS - ABOVE) (IF MORE ACCOUNTS, ATTACH SCHEDULE)				\$		

SCHEDULE 2 - LIFE INSURANCE CARRIED					
INSURANCE COMPANY	POLICY OWNER	FACE AMOUNT OF POLICY	CASH SURRENDER VALUE	BENEFICIARY	POLICY LOANS
TOTAL (ASSETS - ABOVE)			\$	TOTAL (LIABILITIES - ABOVE)	\$

SCHEDULE 3 - FULLY MARKETABLE (i.e., Registered and Traded) STOCKS, BONDS, TREASURY BILLS, ETC.						
NO. OF SHARES	DESCRIPTION OF SECURITY	REGISTERED OWNER	MARKET VALUE	WHERE TRADED?	PLEGDED	
					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"/>
					<input type="checkbox"/>	<input type="checkbox"/>
(Use additional sheets if necessary)			TOTAL	\$		

SCHEDULE 4 - RESIDENCE					Mortgages		
ADDRESS	TITLED IN NAME(S) OF	DATE BOUGHT	ORIGINAL COST	MARKET VALUE	AMOUNT OF MORTGAGE	MORTGAGOR	MONTHLY PAYMENT
TOTAL				\$	\$		

SCHEDULE 5 - REAL ESTATE INVESTMENTS								
PROPERTY ADDRESS	TITLE IN NAME OF % OF OWNERSHIP	PURCHASE DATE	ORIGINAL COST	MARKET VALUE	ANNUAL NET INCOME	MORTGAGE LENDER	BALANCE OF MORTGAGE	MONTHLY PAYMENT

SCHEDULE 6 - OWNERSHIP IN PRIVATELY HELD BUSINESS(ES)							
BUSINESS NAME AND ADDRESS*	NATURE OF BUSINESS	DATE OF INVESTMENT	ORIGINAL INVESTMENT COST	% OF OWNERSHIP	ESTIMATED VALUE OF YOUR INVESTMENT		
*INDICATE ONE OF THE FOLLOWING: PROPRIETOR, GENERAL PARTNER, LIMITED PARTNER OR CORPORATION					TOTAL	\$	

SCHEDULE 7 - RETIREMENT PLANS (Individual Retirement Accounts, Keogh Accounts, Profit Sharing)						
INSTITUTION	TYPE OF PLAN	ACCOUNT NO.	NAME OF OWNER	NAME OF BENEFICIARY	MARKET VALUE	AMT. CONTRIB. ANNUALLY
TOTAL					\$	

SCHEDULE 8 - LOANS OWING BANKS, BROKERS, FINANCE COMPANIES AND OTHERS						
OWING TO	ORIGINAL AMT.	PRESENT BALANCE DUE	MONTHLY PAYMENT	MATURITY DATE	COLLATERAL DESCRIPTION OR UNSECURED	PURPOSE
Use additional sheets if necessary	TOTAL	\$				