

PERSONAL FINANCIAL STATEMENT

**IMPORTANT: Please read and check off one of the following statements
(If applying for joint credit, both parties must also initial in the appropriate area)**

	This personal financial statement is being offered in conjunction with an individual application for consumer / business purpose credit, for an extension or renewal of such credit, or compliance with annual financial reporting requirements. Please complete Sections 1, 3, and 4.
	or renewal of such credit, or compliance with annual financial reporting requirements. Please complete Sections 1, 2, 3, and 4 and initial below.

Applicant

Co-Applicant

Section 1 - Individual Information		Section 2 - Other Party Information	
Name		Name	
Address		Address	
City, State, & Zip		City, State, & Zip	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State & Zip		City, State & Zip	
Length of Employment		Length of Employment	
Res. Phone	U.S. Citizen Permanent Resident Other	Res. Phone	U.S. Citizen Permanent Resident Other
Bus. Phone		Bus. Phone	

Section 3 - Statement of Financial Condition as of:			20__
Assets <small>(Do not include assets of doubtful value)</small>	In dollars <small>(omit cents)</small>	Liabilities	In dollars <small>(omit cents)</small>
Cash on hand and in this bank		Notes payable to banks - see Schedule F	\$ -
Cash in other banks (Bank Certificates of Deposit - see Schedule A)	\$ -	Notes payable to other institutions - see Schedule F	
U.S. Gov't & marketable securities - see Schedule B	\$ -	Due to Brokers	
Non - marketable securities - see Schedule C	\$ -	Amounts payable to others - secured	
Securities held by broker in margin accounts		Amounts payable to others - unsecured	
Restricted, control or margin account stocks		Accounts and bills due	
Real Estate owned - see Schedule D	\$ -	Unpaid income tax	
Accounts, loans, and notes receivable		Other unpaid taxes and interest	
Automobiles		Real Estate mortgages payable - see Schedule D	\$ -
Other personal property		Other debts (car payments, credit cards, etc.) - itemize	
Cash surrender value - life insurance - see Schedule E	\$ -		
Other assets-itemize - see Schedule G if applicable	\$ -		
		Total Liabilities	\$ -
		Total Net Worth	\$ -
		Total Liabilities and Net Worth	\$ -
Total Assets	\$ -		

PERSONAL INFORMATION	YES	NO	ACCOUNTANT
Do you have a will? If so, name executor:			Name: _____ Address: _____ Phone: _____
Have you ever declared bankruptcy? If so, describe:			
Have you ever been audited by the IRS? If so, describe:			ATTORNEY Name: _____ Address: _____ Phone: _____

Section 4-Annual Income For Year Ended 200__		Annual Expenditures	Contingent Liabilities	Estimated Amounts
Salary		Mortgage/rental payments	Do you have any...	
Bonus & commissions		Real Estate taxes & assessments	Contingent liabilities	
Dividends & interest		Taxes - federal, state & local	Involvement in pending legal actions?	
Real Estate income		Insurance payments	Other special debt or circumstances	
Tax Free income		Other contract payments <small>(car payments, charge cards, etc.)</small>	Contested income tax liens?	
Other income		Alimony, child support, maintenance	If "yes" to any question(s) describe:	
<small>(alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)</small>		Other expenses		
Total Income	\$ -	Total Expenditures	Total Contingent Liabilities	\$ -

(COMPLETE SCHEDULES AND SIGN ON NEXT PAGE)

SCHEDULE A - CASH AND CERTIFICATE OF DEPOSIT IN OTHER BANKS

Description	Name of Institution	In Name of	Are these Pledged or Held by others?	Value
				\$ -
				\$ -
				\$ -

SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or Face Value of Bonds	Description	In Name of	Are the Registered Pledged or Held by others?	Cost	Market Value
				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -

SCHEDULE C - NON - MARKETABLE SECURITIES

Number of Shares	Description	In Name of	Are the Registered Pledged or Held by others?	Original Investment	Current Value	Source of Value
				\$ -	\$ -	
				\$ -	\$ -	
				\$ -	\$ -	

SCHEDULE D - RESIDENCE AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address and Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Balance	Mortgage Maturity
				\$ -	\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	\$ -	
				\$ -	\$ -	\$ -	\$ -	

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -

SCHEDULE F - BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and Address of Creditor	Original Loan / Line Amount	Date of Loan	Maturity Date	Unsecured or Secured (List Collateral)	Monthly Payment	Amount Owed
	\$ -				\$ -	\$ -
	\$ -				\$ -	\$ -
	\$ -				\$ -	\$ -

SCHEDULE G - BUSINESS VENTURES AND OTHER ASSETS

List Name and Address of Any Business Venture in Which You are an Owner, Stockholder, or Partner	Total Assets Listed in Section 3	Your % of Ownership	Your Position / Title in the Business	Total Assets of Business	Line of Business	Years in Business
	\$ -			\$ -		
	\$ -			\$ -		
	\$ -			\$ -		

SCHEDULE H - INVESTMENT CONSIDERATIONS (COMPLETION OF THIS INFORMATION IS OPTIONAL)

Do you have a brokerage/investment account? _____ If yes, with whom? _____
 Approximate market value? align="right">\$ _____ -
 Which of the following most accurately reflects your investment objectives? (circle one) Growth Balanced Income
 Do you feel your investments are currently meeting your objectives? _____
 Are you a beneficiary of a retirement plan? _____ If yes, what type of plan? IRA Keogh 401(k)
 Approximate Value? _____ Company Provided? _____

I/We authorize Penn Commercial Capital Corp. (PCCC) to provide this Personal Financial Statement to its Bank Lending Partners. We further assign this PFS to PCCC bank lending partners who may consider funding the loan request. _____ (Initials) _____ (Initials)

This 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 surety 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 surety 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 and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date Signed _____ Signature (individual) _____
 Social Security Number _____
 Date of Birth _____
 Date Signed _____ Signature (other party) _____
 Social Security Number _____
 Date of Birth _____