



Personal Financial Statement

Applicant, please note: If you are married or a registered domestic partner and live in a community property state such as California, all questions relating to your spouse or registered domestic partner must be answered, even if this is an application for credit in your name alone.

I understand I may apply for this credit in my name alone, without my spouse or any other person, regardless of my marital status. I am applying:

Check one box: In my name alone Jointly with my spouse or registered domestic partner
 Jointly with _____ who is not my spouse or registered domestic partner (Whose separate application and financial statement is attached)

Joint applicants must sign below:

We intend to apply for joint credit: Applicant _____ (Signature Required) Co-Applicant _____ (Signature Required)

Amount Requested: \$ _____ Term Requested: _____

Proceeds of credit to be used for: _____

SECTION 1 – APPLICANT (Please Print)

Full Name		Date of Birth	Social Security #	Drivers License No. State Exp. Date
<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced and widowed)		<input type="checkbox"/> Registered Domestic Partner (RDP)
Home Address		City, State, Zip		
Home Phone Number	Business Phone Number		Number of dependents excluding self Ages of dependents	
Former address if at above less than two years				
Current Employer			Address	
How Long? Years Months	Position		City, State, Zip	
Former Employer			Address	
How Long? Years Months	Position		City, State, Zip	
Name and address of nearest relative not living with you				
Relationship		Home Phone Number	Business Phone Number	

SECTION 2 – SPOUSE OR REGISTERED DOMESTIC PARTNER (Please Print)

Full name		Date of Birth	Social Security #	Drivers License No. State Exp. Date
<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced and widowed)		<input type="checkbox"/> Registered Domestic Partner (RDP)
Home Address		City, State, Zip		
Home Phone Number	Business Phone Number		Number of dependents excluding self Ages of dependents	
Former address if at above less than two years				
Current Employer			Address	
How Long? Years months	Position		City, State, Zip	
Former Employer			Address	
How Long? Years months	Position		City, State, Zip	
Name and address of nearest relative not living with you				
Relationship		Home Phone Number	Business Phone Number	

SCHEDULE 1 – SECURITIES OWNED

No. Shares Or Bond Amount	Description	Title in the Name Of	How Held Code*	Value On This Statement	Present Market Value	Listed/Unlisted
				\$	\$	
				\$	\$	
				\$	\$	
				\$	\$	
TOTAL				\$	\$	

SCHEDULE 2 – NOTES RECEIVABLE

Name Of Debtor	Collateral	Payable		Maturity Date	Total Amount Due
		\$	Per		\$
		\$	Per		\$
		\$	Per		\$
TOTAL					\$

SCHEDULE 3 – LIFE INSURANCE

Name Of Insured	Insurance Company	Face Value	Cash Value	Loan Amount
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
TOTAL				\$

SCHEDULE 4 – MORTGAGE AND DEEDS OF TRUST OWNED

Name of Debtor	Type of Property	1 st /2 nd Lien	Value of Property	How Payable	Unpaid Balance
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
TOTAL			\$	\$	\$

SCHEDULE 5 – REAL ESTATE OWNED (SHOW MORTGAGES OR LIENS IN SCHEDULE 6)

Address & Type of Property	Title In Name Of	How Held Code*	Monthly Income	Cost	Current Market Value	Total Balance Owning (Detail in Schedule 6)
				Year Acquired		
			\$	\$ year	\$	\$
			\$	\$ year	\$	\$
			\$	\$ year	\$	\$
			\$	\$ year	\$	\$
TOTAL					\$	\$

SCHEDULE 6 – MORTGAGES OR LIENS ON REAL ESTATE

To Whom Payable	How Payable		Interest Rate	Maturity Date	Balance Owning
	\$	Per			\$
	\$	Per			\$
	\$	Per			\$
TOTAL					\$

*How held codes: Community Property = CP; Single Ownership = SO; Joint Tenants = JT; Tenants in Common = TIC; Family Trust = FT

SCHEDULE 7 – PARTNERSHIP INTERESTS

Name	% Interest	Lmtd/Gen or LLC?	Cost	Current Value	Annual Withdrawals	Annual Contributions
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
			\$	\$	\$	\$
TOTAL			\$	\$	\$	\$

SCHEDULE 8 – NOTES PAYABLE TO OTHERS

To Whom Payable	Account #	Collateral	Payment Terms		Interest Rate	Unpaid Balance
Creditor's Address			\$	Per		
		\$	\$	Per		\$
		\$	\$	Per		\$
TOTAL						\$

Please respond to the following:

	Applicant		Spouse / RDP	
	Yes	No	Yes	No
1. Have you ever filed bankruptcy, compromised a debt with a creditor, or negotiated a real estate short pay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a party in a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any judgments against you or pending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are any assets pledged or debts secured except as shown?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is any of the income listed on this application to be reduced in the next two years or before the credit requested is paid off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are any assets held in trust? If yes, please show trust name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had credit in another name? If yes, please show:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you an endorser or guarantor for other debt? If yes, describe below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To Whom Payable	Name Of Direct Obligor	Payment Terms		Remaining Payments	Unpaid Balance
		\$	Per		\$
		\$	Per		\$

If you answered yes to any of questions #1 – 5 above, please attach a separate sheet with full details.

Appraisal Notice: If you are applying for a loan which will be secured by real property, you have a right to a copy of the appraisal report obtained by this bank in support of your application for credit, provided that you have paid for the appraisal. In order to obtain a copy of your appraisal report, please contact Pacific Western Bank at the Branch or office you applied for credit. We must hear from you no later than 90 days after we notify you about the action taken on your application or you withdraw your application.

By signing below, I/we certify that the information submitted in connection with this application is true, complete and correct and accurately represents my current financial condition. If there are important changes, I/we will notify the Bank in writing immediately. You may verify from whatever sources you choose the accuracy and completeness of all the information I/we have provided, whether it concerns me or my spouse or registered domestic partner even if my spouse or registered domestic partner is not an applicant for this account. I/we understand that from time to time you may receive information concerning me from others and you may furnish information concerning your credit experience with me to others seeking such information. You may keep this application even if you decide not to make the loan I/we have applied for. The provisions of Section 1808.21 of the California Vehicle Code are hereby waived. I/we understand that this waiver will give the Bank authorization to receive my/our current residence address at any time from the Department of Motor Vehicles.

Applicant's Signature

Date

Spouse's or
Registered Domestic Partner's Signature

Date



PACIFIC WESTERN BANK

Personal Financial Statement

Please Keep For Your Records

EQUAL CREDIT OPPORTUNITY ACT NOTICE
RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Pacific Western Bank at the Branch or office through which you applied for credit within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is the FDIC Consumer Response Center 2345 Grand Blvd. Suite 100 Kansas City, Missouri 64108.