

INDIVIDUAL FINANCIAL STATEMENT

Applicant: _____

Financial Institution: Community Bank of Missouri
 PO Box 188
 Richmond, MO 64085

Loan No.: _____ Social Security No.: _____
 Occupation: _____ Date of Birth: _____ No. of Dependents: _____
 Employer: _____ Home Phone: _____ Business Phone: _____

CHECK AS APPLICABLE — Applicant is applying for this loan:

- ALONE, without a co-signer or guaranty of a relative or other person(s) or entity.
 WITH A PERSON OR PERSONS who will also be contractually liable.

Names of other Person(s) _____

Has any of your property been transferred to a trust? Yes No Is it revocable or irrevocable?

Who is/are the trustee(s) _____

Are any of the assets listed on this statement property of a trust? Yes No If so, attach a sheet listing those assets.

FINANCIAL CONDITION AS OF

, 20__

ASSETS		LIABILITIES		TOTAL LIABILITY	MO. PMT. AMOUNT
Cash	Deposits In This Institution	Notes Payable to Banks	SCHEDULE D		
	Other Institutions		Payable to This Institution		
Stocks & Bonds	SCHEDULE B	Other Notes & Accounts Payable	SCHEDULE D		
	Listed		Contract Purchases		
Notes Contracts & Accounts Receivable	SCHEDULE C	Taxes Payable	Open & Revolving Accounts		
			Other		
Life Ins.	Cash Value	Real Estate Notes & Contracts Payable	SCHEDULE D		
Real Estate	SCHEDULE A		Residence(s)		
	Residence(s)	Unimproved Land			
	Unimproved Land	Income Property			
	Income Property	Other			
Other Personal Property	SCHEDULE E	Other Liabilities	SCHEDULE D		
	Autos & Trucks		Life Ins. Loans		
Other Assets	Furniture & Fixtures				
	SCHEDULE E				
TOTAL ASSETS			TOTAL LIABILITIES		
			NET WORTH		
			TOTAL		

RE-CAP OF INCOME AND EXPENSES

ANNUAL INCOME FOR YEAR 19__		ANNUAL EXPENSES FOR YEAR 19__		CONTINGENT LIABILITIES	
Salary or Wages		Property Tax & Assessments		As Endorser on Notes/Contracts	
Dividends or Interest		Fed. & State Income Tax		As Guarantor on Notes/Contracts	
Rentals (Gross Income)		Real Estate Loan Payments		For Taxes	
Business (Net Income)		Payments on Contracts/Notes		Other (Describe)	
Other Income (Describe)		Estimated Living Expenses			
		Other:			
TOTAL INCOME	\$	TOTAL EXPENSES	\$	TOTAL	

NOTE: Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

REMINDER: Please sign & date page 2

INDIVIDUAL FINANCIAL STATEMENT
(Continued)

LIFE INSURANCE

FACE AMOUNT	BENEFICIARY	COMPANY

APPLICANT(S)' SIGNATURE(S)

I/We hereby affirm that the information contained in this Financial Statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I/We understand that the Financial Institution is relying on this statement of my/our financial condition in making loan(s) to me/us. The Financial Institution is authorized to make any investigation of my/our credit or employment status either directly or through any agency employed by the Financial Institution for that purpose. The Financial Institution may disclose to any other interested parties the Financial Institution's experience with my/our account. I/We agree to inform the Financial Institution immediately of any matter which will cause any significant change in my/our financial condition. I/We understand that the Financial Institution will retain this Financial Statement whether or not credit is granted.

Dated: _____

APPLICANT:

X _____
Applicant
SSN: _____

X _____
Co-Applicant
SSN: _____

CONSENT (If you are relying on income from a person who is not an applicant above, please have that person complete this section so that we may verify their credit.)

I authorize the Financial Institution to make any investigation of my credit either directly or through any agency employed by the Financial Institution for that purpose in connection with this credit application.

Dated: _____

X _____
Authorized Signature
SSN: _____

**INDIVIDUAL FINANCIAL STATEMENT
(Continued)**

With each schedule list below indicate co-ownership, if any, and the extent of it.

SCHEDULE A LIST OF REAL ESTATE AND IMPROVEMENTS (Show Mortgage Information in Schedule D)

Type and Location of Property	Date Acquired	Title In Name of	Holder of Lien	% You Own	Annual Taxes	Monthly Rent	Original Cost	Present Market Value

SCHEDULE B STOCKS AND BONDS

Number of Shares	Description - Rate - Maturity If Pledged, to Whom	How Registered	Market Value	Book Value If No Market

SCHEDULE C NOTES, CONTRACTS AND ACCOUNTS RECEIVABLE

Due from (Name)	Date of Obligation	Balance		Payment Terms	Due Date	Description of Collateral If Any
		Original	Present			

SCHEDULE D NOTES, CONTRACTS AND ACCOUNTS PAYABLE (Include Mortgages on Property Listed in Schedule A)

Due to (Name)	Date of Incurred	Balance		Payment Terms	Due Date	Description of Collateral If Any
		Original	Present			

SCHEDULE E DETAILS OF OTHER IMPORTANT ASSETS

Items	Estimated Current Value	Items	Estimated Current Value	Items	Estimated Current Value