

Personal Financial Statement

CONFIDENTIAL FINANCIAL STATEMENT AS OF _____

Individual. Financial information provided herein is based on your own income and assets

(initials)

Joint. Financial information provided herein represents assets & income of you & another person or source as identified below
Spouse information need not be revealed unless you reside in Texas or another community property state.

(initials)

NAME		SOCIAL SECURITY NO.		CO-APPLICANT/SPOUSE (IF JOINT STATEMENT)		SOCIAL SECURITY NO.	
HOME ADDRESS				BIRTH DATE		ADDRESS (if different)	
		DEPENDENTS		HOME PHONE			
CITY		STATE		ZIP CODE		CITY	
						STATE	
						ZIP CODE	
BUSINESS/EMPLOYER				CO-APPLICANT'S BUSINESS			
POSITION				YEARS		POSITION	
BUSINESS ADDRESS				BUSINESS PHONE		CO-APPLICANT'S BUSINESS ADDRESS	
CITY		STATE		ZIP CODE		CITY	
						STATE	
						ZIP CODE	

ASSETS				LIABILITIES			
CASH (Schedule A)	Horizon Bank	Checking		NOTES PAYABLE (ABT)	Unsecured		
		Savings, CD		(Schedule G)	Secured		
	Other Banks	Checking		NOTES PAYABLE (OTHER)	Unsecured		
		Savings, CD		(Schedule G)	Secured		
SECURITIES (Schedule B)	Marketable (NYSE, OTC, ASE)			ACCOUNTS PAYABLE			
	Non-Marketable			INCOME TAXES PAYABLE			
	Restricted/Controlled			PROPERTY TAXES PAYABLE			
ACCOUNTS RECEIVABLE (Schedule C)				OTHER CURRENT LIABILITIES			
NOTES RECEIVABLE (Schedule C)							
CASH VALUE LIFE INS (Schedule D)				LOANS ON INSURANCE			
REAL ESTATE (Schedule E)	Homestead			MORTGAGES PAYABLE (Schedule E)	Homestead		
	Partial Interest in R/E				Part Interest		
	Real Estate Owned				R/E Owned		
AUTOS				LONG TERM LIABILITIES	Credit Cards		
PERSONAL PROPERTY	Art				Other		
	Jewelry						
	Other:						
OTHER ASSETS	Aircraft			TOTAL LIABILITIES			
	Oil/Gas Interests			(See Schedule H for Contingencies)			
	IRA	(Schedule F)		NET WORTH			
	Profit Sharing	(Schedule F)					
TOTAL ASSETS				TOTAL LIABILITIES AND NET WORTH			

THE PENALTIES FOR MISREPRESENTING INFORMATION ON THIS STATEMENT CAN BE A FINE OF NOT MORE THAN \$5,000, IMPRISONMENT OR NOT MORE THAN TWO YEARS, OR BOTH. UNDER TITLE 18, SECTION 1014 OF THE US CODE WITH KNOWLEDGE OF THESE PENALTIES, I HERBY CERTIFY THAT ALL, INFORMATION PROVIDED IN THIS FINANCIAL STATEMENT AND THE SUPPORTING SCHEDULES IS TRUE, COMPLETE AND CORRECT AS OF THE DATE SHOWN. ALSO, I AGREE TO NOTIFY THE BANK OF ANY MATERIAL ADVERSE CHANGE IN MY FINANCIAL CONDITION AND TO FURNISH CURRENT FINANCIAL INFORMATION UPON REQUEST BY THE BANK FROM TIME TO TIME. THE BANK IS AUTHORIZED TO CONTACT ANY APPROPRIATE THIRD PARTIES FOR THE PURPOSE OF VERIFYING ANY INFORMATION AT ANY TIME FURNISHED BY ME TO THE BANK. SUCH FINANCIAL STATEMENT AND OTHER INFORMATION FURNISHED SHALL BE THE PROPERTY OF HORIZON BANK.

Signature _____ Date _____

Signature _____ Date _____

SCHEDULE A - DEPOSIT ACCOUNTS

Style of Account	Name & Location Where Held	Balance	Type of Account	Account Number	Restricted? Yes or No
Total					

SCHEDULE B - STOCKS AND BONDS

Name of Issuer	Shares or Par	Market	Per Share	Market Value	Registered In The Name Of	Restricted? Yes or No	Pledged? Yes or No	Cost
Total								

SCHEDULE C - NOTES AND ACCOUNTS RECEIVABLE

Due From	Original Amount	Maturity	Current Balance	Payment Terms	Rate	Collateral
Total						

SCHEDULE D L LIFE INSURANCE AND ANNUITIES (including employer provided)

Name of Insured	Beneficiary	Insurance Company	Face Value	Pledged? Yes or No	Amt of Policy Loan	Net Cash Value
Total Cash Value						

SCHEDULE F - IRA, PROFIT SHARING PLANS

Trustee or Plan Administrator	Type of Account	Balance	Value	Beneficiary	In The Name Of	Access Date	Amt of Policy Loan	Net Plan Value
Net Plan Value								

SCHEDULE E - REAL ESTATE OWNED

Location, Size, Improvements	Year Acquired	Original Cost & Improvements	Current Market Value	Related Debt					Annual Income	Taxes Current? Yes / No
				Present Balance	Lienholder	Maturity	Rate	Annual Payments		
Homestead:										
Other Wholly Owned R/E:										
Total Real Estate Value										
Total Mortgage Debt										

Partial Ownership	% Owned									
Your Portion R/E Value										
Your Portion Mortgage Debt										

SCHEDULE G - NOTES PAYABLE (excluding mortgages listed in Schedule E)

Due To	Original Amount	Present Balance	Maturity	Payment Terms	Rate	Current Yes/No	Collateral
Total							

SCHEDULE H - CONTINGENT LIABILITIES

STATE TOTAL AMOUNT BY TYPE OF LIABILITY AND PROVIDE APPROPRIATE DETAIL IN THE SPACE BELOW:

1 AS GUARANTOR/ENDORSER	5 STANDBY LETTER OF CREDIT
2 ON LEASES OR CONTRACTS	6 LIABILITY IN EXCESS OF % IN PARTIALLY OWNED ASSETS
3 LEGAL CLAIMS OR JUDGEMENTS	7 TAX LIABILITY IF ASSETS SOLD AT STATED VALUES
4 INCOME TAX CLAIM OR DISPUTED AMOUNT	8 OTHER

TYPE	NAME OF PARTY RECEIVING BENEFIT	EXPLANATION (INCLUDE % OR HONORING OBLIGATION)	MATURITY/ EXPIRATION

BUSINESS IN WHICH I AM A PARTNER, OFFICER, PRINCIPAL OWNER, ETC.	NATURE OF BUSINESS	PRIMARY BANK RELATIONSHIP

I UNDERSTAND THAT THE FOLLOWING QUESTIONS ARE ADDRESSED TO ME AND I HAVE ANSWERED THEM AS APPROPRIATE:

1 Are any of the Assets held in trust, in an estate or in any other name or capacity? Yes No

2 Were any of the Assets (i) owned or claimed by your spouse before marriage, or (ii) acquired by your spouse during marriage by gift or inheritances, or (iii) recovered for personal injuries sustained by your spouse during marriage, or (iv) acquired from the proceeds of liquidation of any of the preceding? Yes No

3 Are any of your real estate properties used by you in your business? Yes No

4 Do any of your Assets secure any debts which have not been reported in the preceding schedules? Yes No

5 Are you a party to any suit or are there any unsatisfied judgements against you? Yes No

6 Have you been through bankruptcy or made an assignment of benefit of creditors? Yes No

If the answer to any of the questions listed above is "Yes", please explain in the Additional Remarks section of this financial statement.

7 I have made a will, the executor is: _____

ADDITIONAL REMARKS

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_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

FOR BANK USE ONLY					
	OFAC	VERIFY LICENSE	CHECKED BY	DATE	OFFICER
Applicant					
Co-Applicant					

Personal Cash Flow Statement

Please provide the following information regarding sources and use of cash during the last year, the current year, and the next year. If a cash flow deficit exists, explain on the bottom of this page how existing debt and proposed debt will be serviced.

<u>INCOME</u>	CURRENT YEAR		
	LAST YEAR	January 1 to ____	NEXT YEAR
Salaries, Wages, Bonuses or Commissions (Gross)			
Salary of Spouse (Important-See note 2 at bottom of page)			
Dividends			
Interest			
Rents			
Oil & Gas			
Distributions from Estates & Trusts			
Cash from Business, Partnership or Jt. Venture			
Cash from loan advances			
Other (Important-See Note 1 at bottom of page)			
TOTAL INCOME	\$	\$	\$

EXPENSES

Mortgage Payments			
Rent Payable			
Bank Loans - Prin. & Int.			
Other Loans - Prin. & Int.			
Insurance Premiums			
Investments			
Personal Income Taxes			
Other Taxes			
Other Expenses			
Personal Living Expenses			
TOTAL DISBURSEMENTS	\$	\$	\$
CASH FLOW SURPLUS (DEFICIT)	\$	\$	\$

*If current year is reported for less than a full fiscal or annual period, please provide the dates for the period reported.

NOTE 1: In supplying information regarding "Other Income", income you receive from alimony, child support or maintenance payments need not be revealed if you do not choose to disclose such income, unless the applicant desires the creditor to consider such income in determining the applicant's credit worthiness. If you disclose such income, please state how much of your income is derived from such a source.

Note 2: Information concerning "Spouse's Income" should be supplied only if (i) you will rely to some extent on community property, on your spouse's income, or on alimony, child support or maintenance payments as a basis for repayment of the credit requested, or (ii) your spouse will sign the credit document and be contractually liable for repayment of the credit requested.

ADDITIONAL INFORMATION

(Please indicate item or schedule to which information is related)

Individual / Commercial Purpose Credit Extension

My signature below authorizes Horizon Bank S.S.B. to obtain credit bureau reports in my name for any individual or commercial credit request on which I may be (or am already) obligated or guarantee. This authorization applies to the original request, renewals, modifications, and extensions and to subsequent credit confirmations (such as annual credit verifications).

I acknowledge that Horizon Bank, SSB may report information about my account to credit bureaus. Late payments, missed payments, or other defaults on my account may be reflected in my credit report.

Were your gross annual revenues in the previous fiscal year \$1,000,000.00 or less?

If you answered yes and your application is denied, you have the right to receive a written statement of the specific reason for this denial. To obtain the statement, please contact:

Horizon Bank, SSB
 Attention: Loan Operations
 P O Box 685133
 Austin, TX 78768
 512-637-5730

within 60 days from the date that you were notified of our decision. We will send you a written statement of reason for denial within 30 days of receiving your request. The notice below describes additional protections extended to you.

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 the 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 creditor is: FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City 64106

RIGHT TO RECEIVE COPY OF APPRAISAL - I/We have the right to a copy of the appraisal report used in connection with this loan application for credit provided that I/we have paid for the appraisal report. To obtain a copy, I/we must send the Creditor a written request at the mailing address Creditor has provided. Creditor must hear from us no later than 90 days after Creditor notifies me/us about the action taken on this application, or I/we withdraw this application. If you would like a copy of the appraisal report, contact: Horizon Bank, SSB, P.O. Box 685133, Austin Texas 78768

Signature

Printed Name

Date

Social Security Number

Driver's License / Expiration Date

Date of Birth

Email Address

Signature

Printed Name

Date

Social Security Number

Driver's License / Expiration Date

Date of Birth

Email Address

Physical Address

Residence Phone

Business Phone

Individual / Commercial Purpose Credit Extension

Name: _____ Social Security Number: _____

Physical Address: _____

DL Number: _____ State: _____ Expiration Date: _____

Business Phone: _____ Personal Phone: _____

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Right to Receive Copy of Appraisal

I/We have the right to a copy of the appraisal report used in connection with this loan application for credit provided that I/we have paid for the appraisal report. To obtain a copy, I/we must send the Creditor a written request at the mailing address Creditor has provided. Creditor must hear from us no later than 90 days after Creditor notifies me/us about the action taken on this application, or I/we withdraw this application. If you would like a copy of the appraisal report, contact: Horizon Bank, SSB, P.O. Box 685133, Austin Texas 78768

Signature: _____ Date: _____