

If applying jointly, initial here (by hand):

FINANCIAL STATEMENT - INDIVIDUAL

Date of Statement

To Financial Institution Named:		Name of Individual(s):	
Bank of Hydro 146 West Main Hydro, OK 73048			
Home Address	Home Phone	SSN	Date of Birth

*****PLEASE BEGIN WITH INCOME AND EXPENSE SECTION (ASSETS AND LIABILITIES WILL AUTO FILL)*****

Assets (omit cents)		Liabilities (omit cents)	
Cash in this financial institution (schedule A)		Notes payable to Financial Institutions (schedule J)	
Cash in other financial institution (schedule A)		Loans secured by real estate (schedule F)	
Notes and Loans Receivable (schedule B)		Life insurance policy loans (schedule E)	
Other accounts due me (schedule B)		Taxes (federal, state, local) due and unpaid (schedule M)	
Stocks and Bonds - Marketable (schedule C)		Credit card indebtedness (schedule N)	
Partnership/Proprietorship interests (schedule D)		Due to brokers in margin accounts (schedule K)	
Cash surrender value life insurance (schedule E)		Other accounts and bills payable (schedule K)	
Real estate owned (schedule F)			
Oil & Gas interests (schedule G)			
Pensions, retirement funds, IRA, Keough (schedule H)			
Other Personal Assets (schedule I)			
		Total Liabilities	
		Net Worth	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

INCOME AND EXPENSE for year ending:			
Salaries and wages		Interest paid	
Commissions and bonuses		Rent paid	
Interest income		Federal and State income taxes	
Dividend income		Other taxes	
Business income		Alimony, Child Support, & separate maintenance pd	
Pensions, Annuities, Retirement, & Social Security			
Rents			
Alimony, child support, & separate maintenance			
Other income			
TOTAL ALL INCOME		TOTAL	

Federal Income Tax Return has been filed through: _____ Any additional assessments? _____ Amount: _____

CONTINGENT LIABILITIES		
NATURE OF LIABILITY	DESCRIPTION	AMOUNT
Liabilities as endorser, co-maker or guarantor		
Liabilities on leases and contract		
Liabilities on letters of credit		
Contested tax liens		
Involvement in pending legal action, claims, judgments, etc.		

Schedule A: CASH IN FINANCIAL INSTITUTIONS AND MONEY MARKET ACCOUNTS					
CASH IN THIS FINANCIAL INSTITUTION	ACCOUNT IN NAME OF:	TYPE OF ACCOUNT	ACCT #	CURRENT BAL	
Total					
NAME OF OTHER FINANCIAL INSTITUTION	ACCOUNT IN NAME OF:	TYPE OF ACCOUNT	ACCT #	CURRENT BAL	
Total					

Schedule B: NOTES AND LOANS RECEIVABLE					
DUE FROM	ORIGINAL AMOUNT	BALANCE	PMT SCHEDULE	MATURITY	COLLATERAL
Total					

Schedule B: OTHER ACCOUNTS DUE ME					
DUE FROM	ORIGINAL AMOUNT	BALANCE	PMT SCHEDULE	MATURITY	COLLATERAL
Total					

Schedule C: STOCKS AND BONDS						
ISSUING COMPANY	REGISTERED IN NAME OF	# OF SHARES OR FACE AMT OF BONDS	VALUE		IF PLEDGED, TO WHOM?	WHERE TRADED
			Per Share	Total		
Total						

Schedule D: PARTNERSHIP AND PROPRIETORSHIP INTERESTS					
NAME OF PARTNERSHIP OR PROPRIETORSHIP	% OWNERSHIP	ORIG COST	PRESENT VALUE	IF PLEDGED, TO WHOM?	
Total					

Schedule E: LIFE INSURANCE							
INSURANCE COMPANY	POLICY #	OWNER	BENEFICIARY	POLICY TYPE	FACE AMT	CASH VALUE	LOANS AGAINST POLICY
Total							

Schedule F: REAL ESTATE OWNED								
PARCEL NUMBER	LOCATION & DESCRIPTION OF IMPROVEMENTS		YEARS ACQUIRED	COST	Appraisal			NAME OF TITLE HOLDER
					By Whom	Date	Amount	
1								
2								
3								
4								
5								
PARCEL NUMBER	MORT OTHER LIEN	PAYABLE TO:		ORIGINAL AMOUNT	PRESENT BALANCE	INTEREST RATE	AMOUNT PAYABLE PER MONTH	AMOUNT OF INSURANCE
1	1ST							
	2ND							
2	1ST							
	2ND							
3	1ST							
	2ND							
4	1ST							
	2ND							
5	1ST							
	2ND							

Schedule G: OIL & GAS INTERESTS								
Legal Description			WI or RI	Net Revenue Interest	Monthly Income	Monthly Expense	Present Value	Purchaser of Product
Total								

Schedule H: Vested pensions, retirement funds, IRA, Keough		Schedule I: Other personal assets	
Description	Amount	Description	Amount
Total		Total	

Schedule J: NOTES PAYABLE TO FINANCIAL INSTITUTIONS AND OTHERS				
DUE TO WHOM	AMOUNT	MATURITY	HOW PAYABLE	COLLATERAL PLEDGED
Total				

Schedule K: DUE BROKERS TO BROKERS IN MARGIN ACCOUNTS			
Description	Amount	Description	Amount
Total			

Schedule K: OTHER ACCOUNTS & BILLS PAYABLE			
Description	Amount	Description	Amount
Total			

Schedule L: BUSINESSES IN WHICH UNDERSIGNED IS A PRINCIPAL OR PARTNER				
NAME AND ADDRESS OF BUSINESS	TYPE OF BUSINESS	% OWNERSHIP	POSITION/TITLE	FINANCIAL INSTITUTION OF ACCOUNT

Schedule M: Taxes (federal, state, local) due and unpaid		Schedule N: Credit Card Indebtedness	
Description	Amount Due	Credit Card Company Name	Current Balance
Total		Total	

Has undersigned executed a will disposing of estate in event of death? _____ Yes _____ No

If yes, name of executor _____

Has undersigned made an assignment for benefit of creditors or been involved in bankruptcy proceedings during the past ten years? _____ Yes _____ No If yes, please state details:

Marital status (Do not complete if applying for individual unsecured credit):
 Married _____ Separated _____ Unmarried (including single, divorced or widowed)

Number of Dependents _____

Employer Name and Address	Position/Title	Years employed
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SIGNATURES

This financial statement, supporting schedules and information are submitted by the Undersigned to the herein named Financial Institution for the purpose of establishing, obtaining, or maintaining credit. It is a true, complete, and correct representation of the Undersigned's financial condition as of the date shown above. The Financial Institution is authorized by the Undersigned to check credit and employment history, to verify the accuracy of the information contained herein, and to answer questions about its credit experience with the Undersigned.

SIGNATURE

DATE SIGNED

SIGNATURE

DATE SIGNED