



PFS Instructions

This form is best completed with **Adobe Reader** software.

However, you may also print and complete it by hand.

If using Adobe Reader:

- Please start with the schedules on pages 3 and 4.
- Any cell that has a schedule reference on page 1 and 2 is locked.
(You do not need to complete this information; it is filled automatically by the supporting schedules.)
- On page 1, please enter your home and mailing address on one line.
- Using the tab key to navigate the form fields is recommended.

Thank you.

Established
2003

Community Built.
Community Owned.



If using Adobe Reader (recommended), cells with schedule references will auto-populate.

Applicant (Name)	
Home Address	
Primary Phone No.	
Cell Phone No.	
Email Address	
Date of Birth	
Social Security No.	
Employer	
Address of Employer	
Business Phone No.	
Title/Position	
Name of previous employer (if < 3 yrs.)	
Name of your Accountant	
Phone # of your Accountant	

Co-Applicant (Name)	
Home Address	
Primary Phone No.	
Cell Phone No.	
Email Address	
Date of Birth	
Social Security No.	
Employer	
Address of Employer	
Business Phone No.	
Title/Position	
Name of previous employer (if < 3 yrs.)	
Name of your Accountant	
Phone # of your Accountant	

Cash Income & Expenditures for Year Beginning _____

Annual Income	Amount (\$)
Salary (applicant)	
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income (Schedule I)	
Dividend & Interest Income	
Capital Gains	
Partnership Distributions	
S-Corp Distributions	
Other Investment Income	
Other Income (List)	
Total Income	

Annual Expenditures	Amount (\$)
State, Federal Income, & Other Taxes	
Automobile & Other Vehicles (Schedule F)	
Mortgage Payments (Schedule I)	
Property Taxes & Insurance	
Notes & Loans Payable Payments (Schedule J)	
Insurance	
Alimony / Child Support	
Rent Payment	
Other Living Expenses	
Medical Expenses	
Other Expenses (List)	
Total Expenditures	

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If you are using Adobe Reader, please skip this section (the cells are locked, but will be filled automatically).

Assets	
Cash (Schedule A)	
Interest in Closely Held Businesses (Schedule B)	
Stocks and Bonds (Schedule C)	
Cash Value Life Insurance (Schedule D)	
Accounts & Notes Receivable (Schedule E)	
Cars, Boats, other Vehicles (Schedule F)	
Retirement Accounts (Schedule G)	
Real Estate (Schedule I)	
Other Notable Assets:	
Total Assets	

Liabilities	
Cars, Boats, & other Vehicle Loans (Schedule F)	
Credit Cards (Schedule H)	
Mortgages on Real Estate (Schedule I)	
Notes & Loans Payable (Schedule J)	
Other Notable Liabilities:	
Total Liabilities	
Net Worth	

		Amount
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Are there any suits or legal actions pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Are you contingently liable on any lease or contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Are any of your tax obligations past due?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Do you anticipate any substantial inheritances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Have (either of) you or any firm in which you were a major owner ever declared bankruptcy?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

*If yes, please provide details:

Acknowledgement:

For the purpose of procuring credit from time to time, I/We furnish the foregoing as a true and accurate statement of my/our financial condition. Authorization is hereby given to the Lender to verify in any manner it deems appropriate any and all items indicated on this statement. The undersigned also agrees to notify the Lender immediately in writing of any significant change in such financial condition. I/We also authorize Commerce National Bank & Trust to obtain credit reports from any or all of the three credit reporting agencies.

Borrower's Signature _____ Date _____

Co-Borrower's Signature _____ Date _____

SCHEDULE A CASH LOCATION AND STATUS OF BANK ACCOUNTS

Account Owner	Balance	Bank
TOTAL		

Pledged for a Loan?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

SCHEDULE B INTEREST IN CLOSELY HELD BUSINESSES

Company Name	% Ownership	Value of Ownership
TOTAL		

SCHEDULE C STOCKS AND BONDS, OTHER

Description	Registered in Name of	Total Value
TOTAL		

On Margin or Pledged?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

SCHEDULE D LIFE INSURANCE

Insured	Primary Beneficiary	Face Amount	Actual Cash Value	Name of Company
TOTAL				

Loans on Policy?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

SCHEDULE E ACCOUNTS AND NOTES RECEIVABLE

Owner(s)	Due From	Monthly Payment	Balance Due	Maturity Date	Collateral
TOTAL					

SCHEDULE F PERSONAL PROPERTY

Type of Automobile / Boat / Other Vehicle	Year	Make	Value \$	Loan Amount	Monthly Payment
TOTAL					

SCHEDULE G RETIREMENT ACCOUNTS

Owner	Type	Amount
TOTAL		

SCHEDULE H CREDIT CARDS

Pledged?		Payable To	Payment Amount	Balance Due
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
TOTAL				

SCHEDULE I REAL ESTATE

Description	Address	% Owned	Date Acquired	Cost	Present Value \$	Mortgage or Lien Holder	Balance Due	Monthly Payments \$	Monthly Income \$
TOTAL									

SCHEDULE J NOTES & LOANS PAYABLE

Person(s) Liable	Payable To	Monthly Payment	Balance Due	Maturity Date	Collateral
TOTAL					