

Personal Financial Statement

Financial Statement as of Date:_____

Any persons, whether married, unmarried, or separated, may apply for separate credit. Providing joint financial information joint applicants to apply for joint credit. Intent to apply for joint credit must be expressly stated. If joint financial conformation is joint applicants to be jointly and severally obligated on the credit (i.e., joint borrowers or guarantors), joint applicant specified information: (Do not complete joint applicant questions if application is for INDIVIDUAL credit)	ondition ispresented, and the intent is
Check One:	
 Applying for Individual Credit and are relying on your own income or assets and not the income the basis for repayment of the credit requested. Applying for Individual Credit and are relying on income or assets of another person as the bas requested. Applying Jointly with another applicant and are relying on both applicant incomes and assets as the credit requested. (If applying jointly is checked, please sign below) 	is for repayment of the credit
Applicant: Joint Applicant:	
By signing the above areas for Applicant and Joint Applicant, you acknowledge in addition to ownership (providing your joint intent on this application for credit.	if applicable), you are willingly

INDIVIDUAL INFORMATION

NAME	
DATE OF BIRTH	
SOCIAL SECURITY NO.	
ADDRESS	Street:
	City, State, Zip:
HOME PHONE NO.	
CELL PHONE NO.	
BUSINESS NAME	
BUSINESS ADDRESS	Street:
	City, State, Zip:
BUSINESS PHONE NO.	
POSITION WITHIN BUSINESS	
OWNERSHIP % IN BUSINESS	%
EMAIL ADDRESS	
EMPLOYER NAME	
(if different than business above)	
EMPLOYER PHONE NO.	

JOINT OR OTHER PARTY INFORMATION

	·
NAME	
DATE OF BIRTH	
SOCIAL SECURITY NO.	
ADDRESS	Street:
	City, State, Zip:
HOME PHONE NO.	()
CELL PHONE NO.	
BUSINESS NAME	
BUSINESS ADDRESS	Street:
	City, State, Zip:
BUSINESS PHONE NO.	()
POSITION WITHIN BUSINESS	
OWNERSHIP % IN BUSINESS	%
EMAIL ADDRESS	
EMPLOYER NAME	
(if different than business above)	
EMPLOYER PHONE NO.	

SCHEDULES

CASH ACCOUNTS- SCHEDULE A (Checking, Savings, Certificate of Deposits, Money Markets, etc.)

BANK NAME	TYPE	OWNER(S)	PLEDGED? TO WHOM	ACCOUNT BALANCE
				\$
				\$
				\$
				\$
				\$

Bank may require verification of liquidity via a current statement.

LISTED SECURITIES- SCHEDULE B

DESCRIPTION	TYPE	OWNER(S)	# OF SHARES	PLEDGED? TO WHOM	ACCOUNT BALANCE
					\$
					\$
					\$
					\$
					\$

Bank may require verification of liquidity via a current statement.

UNLISTED SECURITIES- SCHEDULE C (Non- Publicly Traded Securities)

DESCRIPTION	TYPE	OWNER(S)	# OF SHARES	PLEDGED? TO WHOM	ACCOUNT BALANCE
					\$
					\$
					\$
					\$
					\$

REAL ESTATE- SCHEDULE D

TYPE	ADDRESS (STREET, CITY, STATE, ZIP)		TITLE IN NAM	TITLE IN NAME(S) OF		DATE PURCHASED
1.						
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$		\$	\$
TYPE	ADDRESS (ST	REET, CITY, STATE, ZIP)	TITLE IN NAM	ME(S) OF	% OWNED	DATE PURCHASED
2.						
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$		\$	\$
TYPE	ADDRESS (STREET, CITY, STATE, ZIP)		TITLE IN NAME(S) OF		% OWNED	DATE PURCHASED
3.						
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$		\$	\$
TYPE	ADDRESS (ST	REET, CITY, STATE, ZIP)	TITLE IN NAME(S) OF		% OWNED	DATE PURCHASED
4.						
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$		\$	\$
TYPE	ADDRESS (STREET, CITY, STATE, ZIP)		TITLE IN NAME(S) OF		% OWNED	DATE PURCHASED
5.						
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$		\$	\$

SCHEDULES

RETIREMENT ACCOUNTS & BENEFITS – SCHEDULE E (IRA, KEOGH, 401K, etc.)

DESCRIPTION	HELD BY	OWNER(S)	AMOUNT
			\$
			\$
			\$

Bank may require verification of liquidity via a current statement.

${\bf BUSINESSES/\,INVESTMENTS/\,PARTNERSHIPS\text{-}\,SCHEDULE\,F}$

DESCRIPTION/ NAME	% OF OWNERSHIP	INITIAL INVESTMENT	CURRENT VALUE	CONTINGENT LIABILITY

LIFE INSURANCE- SCHEDULE G

PROVIDER	IN NAME OF	BENEFICIARY	TYPE	PLEDGED? TO WHOM	POLICY AMOUNT	CASH VALUE
			(term, whole, etc.)			
					\$	\$
					\$	\$
					\$	\$

OTHER ASSETS- SCHEDULE H

DESCRIPTION	VALUE
	\$
	\$
	\$
	\$

LOANS PAYABLE TO BANKS/ LENDERS – SCHEDULE I

NAME OF LENDER	ORIGINAL AMOUNT	CURRENT BALANCE	MONTHLY PYMT	COLLATERAL
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

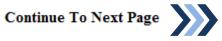
CREDIT CARD DEBT- SCHEDULE J

NAME OF CREDITOR	CURRENT BALANCE	CREDIT LIMIT		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		
	\$	\$		

CONTINGENT LIABILITIES

As Endorser, Co Maker, or Guarantor	\$
On Leases or Contracts	\$
Legal Claims	\$
State or Federal Income Taxes	\$
Other Special Debt	\$
TOTAL	\$

		Sun	nmary	Page		
ASSETS		\$	Check if Jointly Owned	DATE 122	\$	Check if Jointly Owned
Cash (Schedule A)			Owned	Loans Payable to Banks- Secured (Schedule I)		Owned
U.S.Gov. & Marketable Securities (Schedule	e B)					
Unlisted Securities (Schedule C)	Í			Margin Account		
Accounts and Notes Receivable				Loans Payable to Others		
Real Estate Owned (Schedule D)				Accounts and Bills Due		
				Unpaid Income Tax		
Automobiles				Other Unpaid Taxes & Interest		
				Credit Cards (Schedule J)		
Personal Property, Jewelry, etc.				Real Estate Mortgage Payable (Schedule D)		
Retirement Account & Benefits (Schedule E				Other Debts- Itemize		
Net Worth in Closely Held Businesses (Sche	dule F)					
Cash Value – Life Insurance (Schedule G)				TOTAL LIADILITY OF		
Other Assets (Schedule H)				TOTAL LIABILITIES		
TOTAL ACCETS				NET WORTH TOTAL LIABILITIES & NET WORTH	 	+
TOTAL ASSETS				TOTAL LIABILITIES & NET WORTH	<u></u>	
COLID CEC OF INCOME.		Cha	ck if	OTHER LE THROUGH TON		
SOURCES OF INCOME/ ANNUALLY	\$		ntly	GENERAL INFORMATION		
	Ψ		ned	Primary Personal Bank Accounts carried at:		
Salary, Bonuses, & Commissions						
Dividends & Interest Income				Are you a defendant in any suits or legal actions?		
Real Estate Income (Schedule D)				The you a determant in any suits of legar actions.		
Other Income (Specify Below)						
(Alimony, child support, or separate maintenance				Have you ever taken bankruptcy? If yes, explain in o	detail:	
if you do not wish to have it considered as a basis j	or repaying	g this obligat	tion)			
				Do you have a will? If so, name of executor:		
TOTAL INCOME				201 1 270 1		
The information contained in this financial statemen	t is provide	d for the nu	rnoso of	Are you a party or officer in any venture? If so, desc	ribe:	
obtaining, and/or maintaining credit with Republic Ba	nk & Trust C	Company ("Ba	ank") on			
behalf of the undersigned, or persons, firms or co undersigned may either severally or jointly with other				Income tax settled through (date):		
Each undersigned understands and agrees that Bar	nk is relying	on the info	rmation	meome tax settled through (date).		
provided, including asset ownership designations, approve or continue credit. Each of the undersigned	represents a	nd warrants	that the			
information provided Bank is correct and complete financial statement as continuing to be correct until				Dependents: (Name, age, relationship)		
with written notice of change. Bank is authorized to	make all i	nquiries Bank	deems			
necessary to verify the accuracy of this financial state the creditworthiness of the undersigned. Bank is						
undersigned to provide information to third parties re Each of the undersigned agrees to provide Bank	egarding cre	dit status wit	h Bank.			
information, i.e., a financial statement, tax returns, et			IIIIaiiCiai			
			L			
				Republic Bank & Trust Company, I expressly consent and agree		
				plication and, if approved, for other transactional purposes, sucethods, prerecorded or artificial voice messages, text messages		
using an automatic telephone dialing system. I unde				eting, informational calls and messages applies to each phone		
that I provide to Republic Bank now or in the future. Communication Revocation: If you do not want to rec	eive commu	inication as d	escribed in t	this section to the phone number(s) or email address(es) you p	provided in v	your application.
you must notify us in writing or by calling us and mus	t specify wh	ich phone nu	imber(s) or e	email address(es) we should cease contacting. You may write	to us at:	
601 W Market St, Louisville, KY 40202, or you may ca	ill us at 502-	584-3600 or 1-	888-584-3600	. Your revocation will be effective on the date that we receive	your notice	2.
PLEASE SIGN BELOW	<i>r</i>					
BY SIGNING THIS ADDENDUM TO THE PERS	ONAL FIN			YOU ARE AWARE THAT MAKING OF A FALSE FINANC		
INCLUDING THE WILLFUL OVERVALUING OF HOLDERS HEREBY ACKNOWLEDGE THAT TH				CURITY, IS BOTH A STATE AND FEDERAL OFFENSE. F L STATEMENT INFORMATION IS TRUE.	INANCIAL	LSIAIEMENT
SIGNATURE				Date Signed		
SIGNATURE				Date Signed		



<u>NOTES</u>

SCHEDULES

REAL ESTATE- SCHEDULE D - CONTINUED

ТҮРЕ	ADDRESS (STREET, CITY, STATE, ZIP)		TITLE IN NAME(S) OF		% OWNED	DATE PURCHASED
6.						
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$		\$	\$
TYPE	ADDRESS (ST	REET, CITY, STATE, ZIP)	TITLE IN NAM	IE(S) OF	% OWNED	DATE PURCHASED
7.	,,,					
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$		\$	\$
TYPE	ADDRESS (ST	REET, CITY, STATE, ZIP)	TITLE IN NAME(S) OF		% OWNED	DATE PURCHASED
8.						
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$		\$	\$
TYPE	ADDRESS (ST	REET, CITY, STATE, ZIP)	TITLE IN NAME(S) OF		% OWNED	DATE PURCHASED
9.						
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$		\$	\$
TYPE	ADDRESS (STREET, CITY, STATE, ZIP)		TITLE IN NAME(S) OF		% OWNED	DATE PURCHASED
10.						
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$	\$		\$
TYPE	ADDRESS (STREET, CITY, STATE, ZIP)		TITLE IN NAME(S) OF		% OWNED	DATE PURCHASED
11.						
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$		\$	\$
TYPE	ADDRESS (STREET, CITY, STATE, ZIP)		TITLE IN NAME(S) OF		% OWNED	DATE PURCHASED
12.						
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$		\$	\$
TYPE	ADDRESS (ST	REET, CITY, STATE, ZIP)	TITLE IN NAME(S) OF		% OWNED	DATE PURCHASED
13.						
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$		\$	\$
ТҮРЕ	ADDRESS (STREET, CITY, STATE, ZIP)		TITLE IN NAME(S) OF		% OWNED	DATE PURCHASED
14.						
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$		\$	\$
ТҮРЕ	ADDRESS (STREET, CITY, STATE, ZIP)		TITLE IN NAME(S) OF		% OWNED	DATE PURCHASED
15.						
Original Cost	Market Value	Mortgage Holder	Balance	Rate%	Monthly Payment	Monthly Gross Rent
\$	\$		\$		\$	\$