



**FIRST BANK**  
OF WYOMING  
DIVISION OF GLACIER BANK

**Financial Statement** as of \_\_\_\_/\_\_\_\_/\_\_\_\_

### Section 1: Personal & Business Information

#### Individual Information

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
S.S.N.: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Business Information

Business Name: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Tax Identification Number(TIN): \_\_\_\_\_

### Section 2: Statement of Financial Condition attach separate sheet if more space is needed.

Use financial schedules on backside to help complete this section.

| Assets                                                     | Amount | Liabilities                                          | Amount |
|------------------------------------------------------------|--------|------------------------------------------------------|--------|
| Cash in Financial Institutions (schedule 1):               |        | Loans payable to banks (schedule 6):                 |        |
| Due from friends/relatives/others (schedule 2):            |        | Amounts due to Suppliers / Store Credit:             |        |
| Mortgage & contracts for deed owned (schedule 2):          |        | Credit cards (MC, VISA, AMEX, others):               |        |
| Business ventures (schedule 3):                            |        |                                                      |        |
| Securities owned (schedule 4):                             |        | Income Taxes payable:                                |        |
| Personal Residence & other real estate owned (schedule 5): |        | Other taxes payable:                                 |        |
| Cash surrender value of life insurance (schedule 7):       |        |                                                      |        |
| Automobiles (year, make, model):                           |        | Loans on life insurance (schedule 7):                |        |
|                                                            |        | Mortgage on homestead (schedule 5):                  |        |
| Personal Property / Other Assets:                          |        | Mortgage or liens on other real estate (schedule 5): |        |
| Equipment / Tools:                                         |        | Contracts for deed (schedule 2):                     |        |
|                                                            |        | Other liabilities:                                   |        |
| Total Assets                                               |        | Total Liabilities                                    |        |
|                                                            |        | NET WORTH (total assets less total liabilities)      |        |

### Section 3: Annual Income & Expenditures

| Annual Income                                               | Amount | Annual Expenditures                    | Amount |
|-------------------------------------------------------------|--------|----------------------------------------|--------|
| Salary:                                                     |        | Mortgage / rental payments:            |        |
| Commissions:                                                |        | Real estate taxes and assessments:     |        |
| Dividends:                                                  |        | Taxes - federal, state, and local:     |        |
| Rental Income:                                              |        | Insurance payments:                    |        |
| Alimony, child support or maintenance:*                     |        | Other contract payments:               |        |
| *(You need not show this unless you wish us to consider it) |        | Car payments:                          |        |
|                                                             |        | Credit card payments:                  |        |
| Other Income:                                               |        | Alimony, child support or maintenance: |        |
|                                                             |        | Other Expenses:                        |        |
| Total Income                                                |        | Total Expenditures:                    |        |

I/we certify that we made no misrepresentation in this financial statement or in any related documents, that all information is true and complete, and that we did not omit any important information. Bank is authorized to verify with other parties and to make any investigation of our credit, either directly or through any agency employed by Bank for that purpose. I/we agree to answer any of the bank's questions about credit experience with me/us.

X

Signature

Date

X

Other Participating Party Signature

Date



**Schedule 1: Cash In Financial Institutions**

|                                                                                                                             | Name of Bank | Account Number | Amount |
|-----------------------------------------------------------------------------------------------------------------------------|--------------|----------------|--------|
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> IRA |              |                |        |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> IRA |              |                |        |
| <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> IRA |              |                |        |
| Total                                                                                                                       |              |                |        |

**Schedule 2: Due From Friends, Relatives & Others / Mortgage & Contracts For Deed Owned with Business Ventures**

| Name of Debtor | Collateral | Maturity Date | Unpaid Balance |
|----------------|------------|---------------|----------------|
|                |            |               |                |
|                |            |               |                |
|                |            |               |                |
|                |            |               |                |
| Total          |            |               |                |

**Schedule 3: Business Ventures Where You Are A Principal or Partner**

| Business Name | Equity of Business | Your % Ownership | Your Title / Position | Type of Business | Years in Business | Value from Section 2 |
|---------------|--------------------|------------------|-----------------------|------------------|-------------------|----------------------|
|               |                    |                  |                       |                  |                   |                      |
|               |                    |                  |                       |                  |                   |                      |
|               |                    |                  |                       |                  |                   |                      |
|               |                    |                  |                       |                  |                   |                      |
| Total         |                    |                  |                       |                  |                   |                      |

**Schedule 4: Securities Owned (Stocks, Bonds, Retirement Accounts, Etc.**

| No. Shares | Description | Name that it is registered | Cost | L-Listed / U-Unlisted | Present Market Value |
|------------|-------------|----------------------------|------|-----------------------|----------------------|
|            |             |                            |      |                       |                      |
|            |             |                            |      |                       |                      |
|            |             |                            |      |                       |                      |
|            |             |                            |      |                       |                      |
| Total      |             |                            |      |                       |                      |

**Schedule 5: Personal Residence & Other Real Estate Owned**

| Address<br>type of property | Title in name(s) of | Monthly<br>Income                     | Cost<br>Year Acquired | Present Market<br>Value | Payment<br>Amount | Mortgage<br>Balance |
|-----------------------------|---------------------|---------------------------------------|-----------------------|-------------------------|-------------------|---------------------|
| 1                           |                     | Does not<br>Apply to<br>Personal Home |                       |                         |                   |                     |
| 2                           |                     |                                       |                       |                         |                   |                     |
| 3                           |                     |                                       |                       |                         |                   |                     |
| 4                           |                     |                                       |                       |                         |                   |                     |
| Totals                      |                     |                                       |                       |                         |                   |                     |

**Schedule 6: Loans Payable To Banks & Other Installment Contracts**

| To Whom Payable | Collateral or Unsecured | How Payable | Maturity Date | Unpaid Balance |
|-----------------|-------------------------|-------------|---------------|----------------|
|                 |                         | per         |               |                |
|                 |                         | per         |               |                |
|                 |                         | per         |               |                |
| Total           |                         |             | Total         |                |

**Schedule 7: Life Insurance**

| Insured | Insurance Company | Beneficiary | Face Value of Policy | Cash Value | Loans on Policy |
|---------|-------------------|-------------|----------------------|------------|-----------------|
|         |                   |             |                      |            |                 |
|         |                   |             |                      |            |                 |
|         |                   |             |                      |            |                 |
| Total   |                   |             |                      |            |                 |

**Contingent Liabilities**

|                 |       |           |       |                                           |
|-----------------|-------|-----------|-------|-------------------------------------------|
| As Endorser     | _____ | Lawsuits  | _____ | Total Of All Contingent Liabilities _____ |
| As Guarantor    | _____ | For Taxes | _____ |                                           |
| Other (details) | _____ | Details:  | _____ |                                           |