

**CAPITOL NATIONAL BANK**  
LANSING, MICHIGAN

Date of Statement \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Business:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Social Security Number(s):** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Business:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
**Social Security Number(s):** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_

The undersigned, for the purpose of procuring and maintaining credit with Capitol National Bank on negotiable paper or otherwise hereby furnish and warrant the following facts, which fully and truly represent the financial condition of the undersigned on the \_\_\_\_\_ day of \_\_\_\_\_ (should the day be left blank, the date of the statement will be taken for the day), which facts and representations you can consider as continuing and remaining full, true and accurate unless notice of change is given you, and agreement is hereby made, to notify you promptly of any change in financial condition that materially reduces the pecuniary responsibility of the undersigned.

It is hereby expressly agreed and understood that in the event I make application for further credit or for the renewal or extension of any existing indebtedness, this statement shall be valid and binding as if delivered as a true and correct statement of my financial condition on the date such further credit, extension or renewal is requested and granted.

FILL ALL BLANKS. WHERE NO ANSWER IS GIVEN, "NO" OR "NONE" WILL BE TAKEN FOR YOUR ANSWER

	Applicant	Co-Applicant	Joint		Applicant	Co-Applicant	Joint
Cash on hand and in Banks (Schedule A)	\$	\$		Notes Payable (Schedule F):	\$	\$	
Notes Receivable				Banks – Secured			
Accounts Receivable				Banks – Unsecured			
Marketable Securities (Schedule B)				Others			
Life Ins. – Cash Surrender Value (Schedule D)				Account Payable			
Retirement Accounts (Schedule E)				Taxes: Income & Property			
				Life Insurance – Loans (Schedule D)			
				<b>TOTAL CURRENT LIABILITIES</b>			
<b>TOTAL CURRENT ASSETS</b>				Mtg or Land Contract on Residence (Schedule C)			
Residence (Schedule C)				Mortgage on Other Real Estate (Schedule C)			
Other Real Estate (Schedule C)				Mtg on Real Estate Sold on Contract (Schedule C)			
Real Estate Sold on Land Contract (Schedule C)				Land Contracts Payable			
Partnership/PC Interests (Schedule G)							
Mortgages Receivable							
Furniture, Fixtures, Machinery				Other Liabilities (Itemize)			
Automobiles							
Other Assets (Itemize)							
				<b>TOTAL LIABILITIES</b>			
<b>TOTAL ASSETS</b>				<b>NET WORTH</b>			
				<b>TOTAL</b>			



**SCHEDULE G – PARTNERSHIPS (LESS THAN MAJORITY OWNERSHIP FOR REAL ESTATE PARTNERSHIPS)\***

Type of Investment	Limited or General Partner	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Distribution Date
			\$		\$	\$	

\*NOTE: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, Schedule k-1s.

I/We, the undersigned, hereby certify and declare that the above statement and representations constitute a true and complete account of my/our financial condition as of \_\_\_\_\_.  
(Date)

This Financial statement and any accompanying tax returns or additional information is being submitted in conjunction with the loan request of \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. The credit requested is for  Joint  Individual consideration.

**JOINT APPLICANT ACKNOWLEDGEMENT**

Applicant's Initials	
Co-Applicant's Initials	

In addition, I/We authorize **Capitol National Bank** (the "Bank") to obtain a consumer credit report about me/us, to obtain any and all information necessary in connection with the personal/business loan application, and to disclose any of this information to the Bank's affiliates for the purpose of evaluating the loan application.

Date Signed \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Witness \_\_\_\_\_

\_\_\_\_\_  
(Signature of Joint Applicant)