Personal Information								
Individual/Guarantor				Co-Applicant Name				
Home Address		Home Address						
Home Phone No	Cell Phone N	0.	Social Security Number	Home Phone No	Cell Phone N	lo.	Social Security Number	
Date of Birth		Email Ad	dress	Date of Birth	Email Address			
Employer			Employer					
Address of Employer			Address of Employer					
Business Phone No.				Business Phone No.				
Name/Position of Previous	s Employer (If v	with currer	nt employer less than 3 years)	Name/Position of Previous Employer (If with current employer less than 3 years)				
Name of Accountant	Name of Accountant Phone No. of Accountant		o. of Accountant	Name of Accountant		Phone No. of Accountant		
Name of Attorney Phone No. of Attorney			Name of Attorney Phone No. of Attorney			o. of Attorney		
Name of Investment Advis	sor/Broker	Phone No. of Investment Advisor/Broker		Name of Investment Advisor/Broker		Phone No. of Investment Advisor/Broker		
Name of Insurance Adviso	r	Phone N	o. of Insurance Advisor	Name of Insurance Advisor Phone No. of Insurance Advisor				

Cash Income & Expenditures Statement for Year Ended ______ (Omit Cents)

Annual Income	Amount(s)
Salary (Applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME	\$

Any significant changes expected in the next 12 months? Yes □ No □

** Income from alimony, child support, or separate maintenance income needs not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Annual Expenditures	Amount(s)
Federal Income and Other Taxes	\$
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments Residential	
Mortgage Payments Investment	
Property Taxes Residential	
Property Taxes Investment	
Interest & Principal Payments on Loan	
Insurance	
Investments (Including Tax Shelters)	
Alimony/Child Support	
Tuition	
Other Living Expenses	
Medical Expenses	
Other Expenses (list)	
TOTAL EXPENDITURES	\$

	Assets		Amount	(s)	Liabiliti	es			Amou	nt(s)
Cash In Unity Bank (Ch			\$		ble to this Bank				\$	
Cash in Other Financia (Including Savings, Ch	, ,			Secured Unsecur	nd.					
(including savings, chi	ecking, CDs)				ble to Others (Schedule	E)				
				Secured						
				Unsecur	ed.					
					ayable (Including Credit	Cards)				
Readily Marketable Securities (Schedule A)						carasy				
-	ole Securities (Schedule A)	1		Margin Acc	Partnership (Schedule I	2)				
Accounts and Notes R		.)		Taxes Paya		<u>, </u>				
	alue of Life Insurance (Sch	andula P)			Debt (Schedule C)					
	•	ledule b)								
Residential Real Estate	<u> </u>				ice Loans (Schedule B)					
Real Estate Investmen	,			Other Liabi	lities (List):					
Partnerships/PC Intere	•	_								
	ring & Other Vested Retir	rements Accts.								
•	mber of years deferred)								
Personal Property										
Other Assets (List):										
							Total Liabiliti	es (B)	\$	
							Net Worth	(A-B)	\$	
		Total Assets	\$			Total Lial	bilities + Net \	Vorth	\$	
Countries of the billion										
Contingent Liabilities						–		Amou	int	
	or co-maker, or endorser		individual, d	corporation, or part	nersnip?	Yes 🗆	No 🗆	\$		
	tanding letters of credit o	•				Yes 🗆	No □			
	legal actions pending aga					Yes 🗆	No □			
	iable on any lease or con	tract?				Yes 🗆	No □			
Are any of your tax ob						Yes 🗆	No □			
•	l estimated tax liability if	you were to sell yo	our major as	ssets?		Yes 🗆	No □			
If yes for any of the ab	oove, give details below:									
Schedule A – All Secu	rities (including non-mor	ney market mutua	l funds)							
No. of Shares (stock)	Description	Owner(s)		Where Held	Cost	Cı	urrent Market V	alue	Pled	dged
or Face Value (Bonds)		,							Yes	No
Readily Marketable Se	ecurities (including U.S. G	overnments and M	1unicipals)*		1					1
Non-Readily Marketak	ole Securities (closely held	d, thinly traded or	restricted st	ock)						

Schedule B – Insuranc Life Insurance	e					
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Personal Residence Address	Legal Owner	Purchase Price	Purchase Year	Market Value	Personal Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
Investment Residence Address	Legal Owner	Purchase Price	Purchase Year	Market Value	Personal Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender

Schedule D – Partnerships (less than n	najority ownership	for real estate	e partnerships)	*		
Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date
Business/Professional (name)						
Investments (Including tax shelters)						

^{*}Note: For investments which represent a materials 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.

Schedule E – Notes Payable									
Due To	Due Te Tour of Facility	Loan/ Line	Secured		Collateral	Interest Rate	N. A. a. t	Linnaid Dalamas	
Due 10	Type of Facility	Loany Line	Yes	No	Collateral	interest rate	Maturity	Unpaid Balance	

Please answer the following questions:

Co-Applicant's Signature (If you are requesting the financial accommodation jointly)

1.	Income tax returns are filed through (date): Are there any returns being audited or contested? Yes \(\sqrt{No} \sqrt{S} \) If yes, what year(s)?
2.	Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? Yes No If so, please provide details:
3.	Have you drawn a will? Yes \(\subseteq \text{No} \subseteq \) If so, please furnish the name of the executor(s) and the year the will was drawn:
4.	Number of dependents (excluding self) and the relationship to applicant:
5.	Have you ever had a financial plan prepared for you? Yes □ No □
6.	Did you include two years federal and state tax returns? Yes □ No □
7.	Do (either of) you have a line of credit or unused credit facility at any other institutions(s)? Yes \(\subseteq \text{No} \subseteq \) If so, please indicate where, how much and name of banker:
8.	Do you anticipate any substantial inheritances? Yes □ No □ If yes, please explain:
9. I	Are you a U.S. Citizen Yes No \(\simega \) f "No," are you a Lawful Permanent Resident Alien? Yes \(\simega \) No \(\simega \) Alien Registration Number
The information undersigned thereof. Each immediatel financial color written state herein should case may be credit-wort undersigned outstanding	sations and Warranties ation contained in this statement is provided to induce Unity Bank to extend or continue the extension of credit to the undersigned or to others upon the guarantee of the d. The undersigned acknowledge and understand that Unity Bank is relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee ch of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify Unity Bank and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement, or (2) in the addition of any of the undersigned, or (3) in the ability of any of the undersigned to perform its (or their) obligations to Unity Bank. In the absence of such notice or a new and full ement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify Unity Bank as required above, or if any of the information lid prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as e, immediately due and payable. Unity Bank is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained herein and to determine the inness of the undersigned. The undersigned authorize any person or consumer reporting agency to give Unity Bank information it may have on the undersigned. Each of the dauthorizes Unity Bank to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to Unity Bank is, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned has nity Bank shall be the property of Unity Bank.
Your Signature	Date