



Personal Financial Statement

As of Date: _____

Important Notice

Each individual applicant and guarantor, including sole proprietorships and personal trusts using an individual's social security number when filing federal tax returns, applying for financing from Community Bank of the Bay (CBB) must complete a Personal Financial Statement (PFS). The PFS must accurately reflect the individual's current financial condition, as well as, that of their spouse or domestic partner if the individual:

- Resides in a community property state (such as California);
- Is jointly applying for financing with their spouse or domestic partner;
- Will rely on their spouse or domestic partner's assets and/or income to qualify for financing; or
- Is applying for 7A or 504 financing that will be guaranteed by the Small Business Administration (SBA).

Spouses and domestic partners are NOT required to sign the PFS unless:

- They are a Co-Applicant or Guarantor; and/or
- The Applicant / Guarantor is applying for 7A or 504 financing that will be guaranteed by the Small Business Administration (SBA).

Application Information

Name of Business and/or Individual(s) Applying for Financing _____

Purpose of Loan Funds	Requested Loan Amount (aggregate total)
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Applicant / Guarantor

Name	Social Security #
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Residential Address	Home Phone
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E-mail Address	Cell Phone
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Employer Name and Address	Work Phone
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Indicate and initial if you are an Applicant or Guarantor <input type="checkbox"/> Applicant <input type="checkbox"/> Guarantor Initial: _____	Date of Birth
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Marital Status (Complete the Marital Questionnaire below if applicable)

Unmarried (Single, Divorced, Widowed)
 Separated (Legal)
 Married / Domestic Partnership

Co-Applicant/Guarantor (may be a spouse or domestic partner)

Name	Social Security #
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Residential Address	Home Phone
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E-mail Address	Cell Phone
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Employer Name and Address	Work Phone
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Indicate and initial if you are an Applicant or Guarantor <input type="checkbox"/> Applicant <input type="checkbox"/> Guarantor Initial: _____	Date of Birth
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Marital Questionnaire

1. Are you and your spouse or domestic partner jointly applying for financing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is your spouse or domestic partner going to be a guarantor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does your spouse or domestic partner have sole and separate assets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Personal Financial Statement

Personal Assets and Liabilities			
Assets	Amount	Liabilities	Amount
Cash With Community Bank of the Bay (CBB)		Accounts Payable	
Cash in Other Banks		Note Payable to CBB	
Name of Other Bank(s)		Other Note Payables	
Retirement Accounts		Income Tax Payable	
Accounts Receivable		Other Taxes Payable	
Notes Receivable		Residence Mortgage	
Securities Owned		Other Mortgages	
Life Insurance (Cash Surrender Value)		Automobile Loans	
Real Estate		Other Installment Loans (Please describe)	
Partnerships			
Other Assets (Please describe)		Other Liabilities (Please describe)	
Total Assets		Total Liabilities	
		Net Worth (Total Assets – Total Liabilities)	

Annual Income and Expenditures			
Annual Income	Amount	Annual Expenditures	Amount
Employment Income		Property Taxes/Assessments	
Business Income		Income and Other Taxes	
Dividends		Mortgage Payments & Interest	
Interest		Rent	
Rental Income		Insurance	
*Alimony or Child Support		Alimony or Child Support	
Other Income (Please describe)		Other Expenditures (Please describe)	
Total Income		Total Expenditures	

*Do not reflect this income unless you wish it to be considered as part of the application for financing.

Schedules (to provide additional information, reprint this portion of the document and complete accordingly)

Schedule 1 – Notes Receivable

Name of Debtor	Collateral	Payable	Maturity Date	Total Amount Due
		Per Month		
		Per Month		

Schedule 2 – Securities Owned

No. of Shares	Securities Description	Registered Owner	Present Market Value	Exchange

Schedule 3 – Life Insurance

Insured	Insurance Company	Beneficiary	Face Amount of Policy	Cash Value

Schedule 4 – Notes Payable

Name of Lender	Collateral	Payable	Maturity Date	Total Amount Due
		Per Month		
		Per Month		

Schedule 5 – Partnership Interests

Name of Entity	Cost	Annual Distribution	Market Value	Capital Calls Remaining

Schedule 6 – Real Estate

Property Type: SF=Single Family MF=Multi-Family C=Commercial/Industrial L=Land R=Rental V=Vacation

Ownership: TR=Trust CP=Community Property JT=Joint Tenancy TC=Tenants in Common SP=Separate Property

	Residence	Property 1	Property 2	Property 3
Property Type				
Type of Ownership				
Address Street				
City, State, Zip				
Ownership %				
Date of Purchase				
Purchase Price				
Estimated Appraisal Value				
1 st Mortgage Amount				
1 st Mortgage Lender				
All Other Mortgages				
Annual Property Tax				
Annual Payment				
Maturity Date				
Gross Monthly Income				

General Questionnaire (applies to spouse / domestic partner)

Are any assets held in a trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you party to any pending claims, lawsuits, or regulatory proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a bankruptcy, lien, or judgment against you, personal or business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have any credit or pending loan applications at other financial institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you leasing real estate from another party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you guarantee or co-sign on any other debt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you anticipate an adverse change to your finances that would impact your ability to repay?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you an executive, director, or principal shareholder of any financial institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "yes", please explain in detail. (Attach additional sheet if needed)

Authorization Statement

The information contained in this personal financial statement (PFS) is provided to community bank of the bay (CBB) to extend or continue the extension of credit to the undersigned (I/we) or to others upon the guarantee of the undersigned. I/We acknowledge and understand that CBB is relying on the information provided herein to determine whether it will grant or continue credit to the applicant(s). I/We are required to notify CBB of any material and/or adverse changes in the information contained in this PFS. If I/we fail to notify CBB, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, CBB may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, immediately due and payable.

I/We understand CBB is authorized to make all appropriate (legal, regulatory, etc.) inquiries it deems necessary to verify the accuracy of the information contained herein and determine my/our credit worthiness. I/we authorize any person or consumer reporting agency to give CBB any information it may have about me/us. I/We authorize CBB to answer questions about its credit experience with me/us. As long as I/we have any obligation or guarantee outstanding to CBB, I/we shall supply annually an updated PFS. This PFS and any other financial information that I/we give CBB shall be its property. If this is a joint financial statement, these representations and warranties are made by each of us.

I/We acknowledge, on behalf of the applicant, that knowingly making a false statement or overvaluing an asset to obtain a loan from CBB can result either in a fine or imprisonment under either 18 USC 1001 or 18 USC 1014

I/We acknowledge that I/we have read, understand, and agree to the above authorization statement and all terms and conditions contained within.

Applicant/Guarantor Signature		Co-Applicant/Guarantor Signature	
Print Name		Print Name	
Title (if applicable)	Date	Title (if applicable)	Date

For Bank Use Only

Officer/Originator Signature	Officer/Originator Name
Officer/Originator NMLS #	Date PFS Received