



Personal Financial Statement



Date	Submitted To:
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Applicant (Name)		Email Address	
Employer		Current Salary	
Address of Employer		Street Address	
City		State	Zip
Business Phone	No. of Years with Employer	Title/Position	
Name of previous Employer & Position (if with current employer less than three years)		No. of Years	
Home Address		Street Address	
City		State	Zip
Mother's Maiden Name			
Home Phone No.	Cell Phone	Social Security No.	Date of Birth
Name of your Accountant		Phone No.	
Name of your Attorney		Phone No.	
Name of your Investment Advisor/Broker		Phone No.	
Name of your Insurance Advisor		Phone No.	

Co-Applicant (Name)		Email Address	
Employer		Current Salary	
Address of Employer		Street Address	
City		State	Zip
Business Phone	No. of Years with Employer	Title/Position	
Name of previous Employer & Position (if with current employer less than three years)		No. of Years	
Home Address		Street Address	
City		State	Zip
Mother's Maiden Name			
Home Phone No.	Cell Phone	Social Security No.	Date of Birth
Name of your Accountant		Phone No.	
Name of your Attorney		Phone No.	
Name of your Investment Advisor/Broker		Phone No.	
Name of your Insurance Advisor		Phone No.	

Any significant changes expected in the next 12 months: Yes ☐ No ☐ (if yes, attach information)

Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)									
Residence Property Address	Legal Owner Name	Purchase		Market Value	Mortgage Balance	Rate	Loan Maturity Date	Payment	Lender
		Year	Price						
Investment Property Address	Legal Owner Name	Purchase		Market Value	Mortgage Balance	Rate	Loan Maturity Date	Payment	Lender
		Year	Price						

Schedule D – Partnerships (less than majority ownership for real estate partnerships)*

Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships	Final Contribution 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.

Schedule E – Notes Payable

Due To	Type of Facility	Secured		Amount of Line	Collateral	Interest Rate	Maturity	Unpaid Balance	Monthly Payment
		Yes	No						
		☐	☐						
		☐	☐						
		☐	☐						
		☐	☐						
		☐	☐						

Please Answer the Following Questions:

	Yes	No
1. Income tax returns filed through (date): _____ Are returns currently being audited or contested? If yes, what year(s)? _____	☐	☐
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? If yes, Please provide details: _____	☐	☐
3. Have you drawn a will? If yes, please furnish the name of the executor(s) and year will was drawn: _____	☐	☐
4. Number of dependents (excluding self) and relationship to applicant: _____		
5. Have you ever had a financial plan prepared for you?	☐	☐
6. Did you include two years federal tax returns?	☐	☐
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? If yes, please indicate where, how much, and name of banker: _____	☐	☐
8. Do you anticipate any substantial inheritances? If yes, please explain: _____	☐	☐
9. Are you a U.S. Citizen?	☐	☐
10. Are you a permanent resident alien?	☐	☐
11. Have you ever been convicted of a crime?	☐	☐

Are you requesting the financial accommodation jointly?

Yes ☐

No ☐

Initial

Initial

Authorizations, Representations and Warranties

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. Each of the undersigned agrees to notify you immediately 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 financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should 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 the case may be immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorized any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

I hereby authorize Chelsea Groton Bank, and its affiliates, access to my personal and business financial records, including but not limited to tax returns, interim financial statements, accounts receivable/ payable aging reports, etc. as requested for the purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws.

Date _____

Your Signature _____

Date _____

Co-Applicant's Signature _____

USA PATRIOT ACT CUSTOMER IDENTIFICATION NOTICE

Important information about procedures for opening a new account.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you:

When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.



Revised 12/08/2025