

**FARMERS STATE BANK OF CALHAN/FALCON/ELLCOTT
AGRICULTURAL FINANCIAL STATEMENT**

NAME _____ BIRTHDATE _____ SSN _____

CO-APPLICANTS NAME _____ BIRTHDATE _____ SSN _____

The following statement and information is furnished by the undersigned for the purpose of obtaining credit from this bank from time to time. The statement represents my true financial condition on _____, 200__. You may consider this statement as continuing to be true and correct until written notice of any change is given to you by the undersigned.

ASSETS	DOLLARS	LIABILITIES	DOLLARS
Checking		Livestock Loans (see Schedule 6)	
Savings		Equipment & Auto Loans (see Schedule 7)	
Certificate of Deposit		Unsecured Loans (see Schedule 7)	
Notes Receivable		Taxes Payable	
Accounts Receivable		Loans On Life Insurance	
Listed Stocks & Bonds (see Schedule 1)		Loans on Crops	
Livestock (see Schedule 2)		Other Current Liabilities	
Farm Products on Hand (see Schedule 3)			
Cash Value of Life Insurance			
ASCS Payments Receivable			
Other Current Assets			
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
Farm Machinery, Autos, Trucks, Tractors and other Equipment (see Schedule 4)		Mortgages on Real Estate (see Schedule 5)	
Real Estate (see Schedule 5)		All other Debts	
Personal Property			
Other Assets			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

SCHEDULE 1 – STOCK AND BONDS

NAME OF COMPANY	NUMBER OF SHARES	MARKET VALUE

SCHEDULE 2 - LIVESTOCK

NUMBER	TYPE-BREED	WEIGHT PER HEAD	VALUE PER HEAD	TOTAL VALUE
			TOTAL	

SCHEDULE 3 – FARM PRODUCTS, GRAIN & FEED ON HAND

CROP	QUANTITY (BU, BALE, CWT)	WHERE STORED	PRICE PER UNIT	TOTAL VALUE
			TOTAL	

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SCHEDULE 4 – FARM MACHINERY, AUTO, TRUCKS, TRACTORS, & OTHER EQUIPMENT

TYPE OF EQUIPMENT	MAKE	YEAR	CONDITION	PRESENT VALUE

SCHEDULE 5 – REAL ESTATE

ACRES	DESCRIPTION & IMPROVEMENTS	LOCATION	MARKET VALUE	MORTGAGE HOLDER	AMOUNT OWED
				TOTAL	

**SCHEDULE 6
LIVESTOCK LOANS**

LENDER	SECURED BY	AMOUNT OWED	PAYMENT SCHEDULE
TOTAL			

**SCHEDULE 7
EQUIPMENT/AUTO/UNSECURED LOANS**

LENDER	SECURED BY	AMOUNT OWED	PAYMENT SCHEDULE

LIFE INSURANCE

NAME OF INSURANCE COMPANY	OWNER OF POLICY	BENEFICIARY	AMOUNT

SOURCES OF OTHER INCOME

Applicant Employed by: _____ Yrs/Mos: _____ Gross Salary/Mo: _____

Co-Applicant Employed by: _____ Yrs/Mos: _____ Gross Salary/Mo: _____

Other Income: _____

PERSONAL INFORMATION

Do you have any contingent liabilities? If so, describe: _____

Are you obliged to pay alimony, child support or separate maintenance payments? Yes No If so, describe: _____

Are you a defendant in any suits or legal actions? Yes No _____

Have you ever filed bankruptcy? Yes No If yes, when: _____

OTHER INFORMATION

This year I will lease: _____ Acres irrigated _____ Acres dry land _____ Acres pasture

Are there partners in your business? _____ If so, state particulars: _____

I have resided at present location _____ years.

In submitting the foregoing statement, the undersigned guarantees its accuracy with the intent that it be relied upon in extending credit to me. I warrant that I have not knowingly withheld any information that might affect my credit; and, I expressly agree to notify you immediately in writing of any material change in my financial condition whether application for further credit is made or not. In the absence of such written notice, it is expressly agreed that in granting new or continuing credit you may rely on this statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit extended or continued.

You are authorized to check my credit and employment history and answer questions about your credit experience with me.

SIGNATURES

APPLICANT: _____ DATE: _____

CO-APPLICANT: _____ DATE: _____