

PERSONAL FINANCIAL STATEMENT



As of _____, _____

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan.

This financial statement is given to Dogwood State Bank("Lender") by person(s) signing this statement in connection with an application for credit or extensions of credits such person(s) or to another based on upon the guarantee of such person(s). Every person signing this statement agrees that Lender is entitled to rely upon the information of this statement in its credit decision relating to such person or to another based on the guarantee of such person.

Return completed form to:
Dogwood State Bank, 5401 Six Forks Road, Suite 100, Raleigh, NC 27609

Name	Business Phone
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Home Address	Home Phone
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City, State, & Zip Code

Business Name of Applicant

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on Hand & in banks.....\$ _____	Accounts Payable.....\$ _____
Savings Accounts.....\$ _____	Notes Payable to Banks and Others.....\$ _____ (Describe in Section 2)
IRA or Other Retirement Account.....\$ _____ (Describe in Section 5)	Installment Account (Auto).....\$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable.....\$ _____ (Describe in Section 5)	Installment Account (Other).....\$ _____ Mo. Payments \$ _____
Life Insurance – Cash Surrender Value Only.....\$ _____ (Describe in Section 8)	Loan(s) Against Life Insurance.....\$ _____
Stocks and Bonds.....\$ _____ (Describe in Section 3)	Mortgages on Real Estate.....\$ _____ (Describe in Section 4)
Real Estate.....\$ _____ (Describe in Section 4)	Unpaid Taxes.....\$ _____ (Describe in Section 6)
Automobiles.....\$ _____ (Describe in Section 5, and include Year/Make/Model)	Other Liabilities.....\$ _____ (Describe in Section 7)
Other Personal Property.....\$ _____ (Describe in Section 5)	Total Liabilities.....\$ _____
Other Assets.....\$ _____ (Describe in Section 5)	Net Worth.....\$ _____
Total \$ _____	Total \$ _____ *Must equal total in assets column.

Section 1. Source of Income.	Contingent Liabilities
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Salary.....\$ _____	As Endorser or Co-Maker.....\$ _____
Net Investment Income.....\$ _____	Legal Claims & Judgments.....\$ _____
Real Estate Income.....\$ _____	Provision for Federal Income Tax.....\$ _____
Other Income (Describe below)*.....\$ _____	Other Special Debt.....\$ _____

Description of Other Income in Section 1.

*Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.)

Section 6. Unpaid Taxes. (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and Beneficiaries.)

I authorize the Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

Every person who signs this financial statement certifies and agrees that (1) the information provided in this statement is true and complete and gives an accurate description of such person's financial condition; except as listed on this statement, (2) such person has no undisclosed direct or contingent liabilities; and (3) title to all listed assets is solely in the name of such person and no other person or entity has an interest in such assets; unless otherwise listed in this statement. In the event of any change in such person's name, address, or employment, such person agrees to send written notice to Lender within (5) business days of such change. Every person who signs this statement further agrees to send written notice to Lender within five (5) days after the occurrence of any material and adverse change. (A) In any of the information contained in this statement, or (B) in the ability of such person to perform his or her obligation which are owed to the Lender or (C) in the financial condition of such person. If no such written notice is given, the Lender shall be authorized to consider this statement as a continuing statement, substantially correct in all respects.

The Lender is hereby authorized to request a consumer report on any person signing this statement in connection with the present application for credit or any update, renewal, or extension of such credit. Upon this request, the Lender will tell any such person whether or not a consumer report was requested, the name and address of the consumer reporting agency that furnished the report. Every person signing this statement further authorizes the Lender to make all necessary inquiries to verify the information in this statement and also authorizes all such persons or entities the Lender contacts to completely respond to such inquiries.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____