HAWAII COMMUNITY
REINVESTMENT CORPORATION

FINANCIAL STATEMENT

NAME: _____ ADDRESS: _____

OCCUPATION: _____ STATEMENT DATE: _____

TELEPHONE: _____ SOCIAL SECURITY NUMBER: _____

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
CASH IN FOLLOWING BANKS (Itemize)		**NOTES PAYABLE TO BANKS (Itemize)**	
		1. Due to:	
		Collateral:	
		2. Due to:	
		Collateral:	
		3. Due to:	
NOTES DUE TO ME (Totals only - List on Second Page)		Collateral:	
Secured by Real Estate		**OTHER NOTES PAYABLE-SECURED**	
Secured by Other Collateral		1. Due to:	
Unsecured (Collectible)		Collateral:	
OTHER RECEIVABLES		2. Due to:	
STOCKS AND BONDS (Totals only - List on Second Page)		Collateral:	
Marketable Stocks		**OTHER NOTES PAYABLE-UNSECURED**	
Other Stocks		Due to:	
CASH VALUE LIFE INS. (Totals Only - List on Second Page)		Due to:	
(NOT FACE VALUE)		**TAXES OWING:** Income Taxes	
AUTOMOBILES		Other Taxes	
		LIFE INSURANCE POLICY LOANS	
		DUE ON AUTOMOBILES	
REAL ESTATE (Totals Only - List on Second Page)		**OWING ON REAL ESTATE (Totals Only)**	
Residence		Due on Residence	
Other		Due on Other	
OTHER ASSETS (Describe)		**OTHER LIABILITIES (Describe)**	
		TOTAL LIABILITIES	
		NET WORTH (Total Assets minus Total Liabilities)	
TOTAL ASSETS	0	**TOTAL LIABILITIES AND NET WORTH**	0

CONTINGENT LIABILITIES		**ANNUAL INCOME**	
As Endorser, Co-maker or Guarantor	$	Salary	$
On Leases or Contracts		Commissions and Bonuses	
Legal Claims		Dividends	
Other-List		Other-List	

Have you executed a will covering your estate?	Name of executor:

From time to time, this institution is requested to give financial statement information and credit reports on its customers. If we do not have your permission to give this information, please indicate. _____

The above financial statement and supporting schedules, which are submitted for the purpose of obtaining credit, are a true, complete and correct representation of my financial condition as of the date above.

Witnessed by: _____ Signature: _____

Date: _____ Prepared by (if other than Maker): _____

NOTES & ACCOUNTS RECEIVABLE

Maker	Original Amount	Present Balance	Maturity and/or Payment Schedule	Collateral, If Any

STOCKS AND BONDS

Number of Shares	Name of Issuer	Where Traded	Market Value	Pledged (Yes or No)	Registered In Name of

LIFE INSURANCE

Company	Policy Number	Face Amount	Cash Surrender or Loan Value	Policy Loan (If Any)	Beneficiary

REAL ESTATE

Location and Description	Present Value	Monthly Income	Title in Name Of	Related Indebtedness	
				Lien Holder	Amount

Are you a Partner in any firm? ___ Yes ___ No If so, supply Name and Interest: _____

Are there any Judgments or Suits pending against you? ___ Yes ___ No If so, what amount: _____

Are any of your Assets, other than those indicated in the schedules, Pledged or Hypothecated in any way? ___ Yes ___ N
Explain: _____