



CUSTOMER IDENTIFICATION NOTICE

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 apply for a loan, we will ask for your full name (including middle initial), 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.

By executing this form you acknowledge that you are required to provide documentation acceptable to FIDELITY BANK to enable us to verify your identity, comply with the provision of the Bank Secrecy Act, as amended by the USA Patriot Act, and complete the processing of your loan application and that (I/We) agree to provide the identifying documents requested.

I certify I have read and understand all of the above information.

<u>CHARLES K DAMMAN</u> Applicant Name (please print)	<u>437-31-0264</u> Social Security Number	<u>9-3-62</u> Birth Date	
<u>LOUISIANA</u> Applicant's Type of ID and State of Issuance	<u>000306466</u> Identification Number	<u>7-13-16</u> Issue Date	<u>9-3-22</u> Expiration Date
<u>124 EDEN ISLES</u> Applicant's Address	<u>SLIDELL</u> City	<u>LA</u> State	<u>70458</u> Zip Code
_____ Applicant Name (please print)	_____ Social Security Number	_____ Birth Date	
_____ Applicant's Type of ID and State of Issuance	_____ Identification Number	_____ Issue Date	_____ Expiration Date
_____ Applicant's Address	_____ City	_____ State	_____ Zip Code

CREDIT AUTHORIZATION AGREEMENT

FIDELITY BANK is authorized to check my credit and employment history, and to answer questions about your credit experience with me.

FAIR AND ACCURATE CREDIT TRANSACTIONS ACT DISCLOSURE

We may report information about your account to credit reporting agencies. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

NOTICE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL

If your application for business credit is denied, you have the right to a written statement of specific reasons for the denial. To obtain the statement, contact Commercial Administration, 3829 Veterans Blvd., Metairie, LA 70002; phone 504-569-3568 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Deposit Insurance Corporation Consumer Response Center, 1100 Walnut St. Box 11, Kansas City, MO 64106.

I certify that I understand all above information, and have a received a copy of this document.

x <u>[Signature]</u> Applicant	<u>9-23-19</u> Date	<input type="checkbox"/> Intend to apply for joint credit
x _____ Co-applicant	_____ Date	<input checked="" type="checkbox"/> Do not intend to apply for joint credit





PERSONAL FINANCIAL STATEMENT

Statement of Financial Condition as of (Date) 9-23-19

Section 1 General Information	
Name: <u>CHARLES K DAMMOW</u>	Spouse: <u>N/A</u>
Social Security Number: <u>437-31-0264</u> Date of Birth: <u>9-3-62</u>	Social Security Number: _____ Date of Birth: _____
Residence Address: <u>124 EDEN ISLES</u>	Residence Address: _____
City/State/Zip: <u>SLIDELL, LA 70458</u> # Years: <u>20</u>	City/State/Zip: _____ # Years: _____
Mailing Address (if different): _____	Mailing Address (if different): _____
City/State/Zip: _____	City/State/Zip: _____
Residence Phone: _____ Cell: <u>985-640-7891</u>	Residence Phone: _____ Cell: _____
Business Phone: <u>985-649-5832</u> E-mail: <u>CHUCK.DAMMOW@CYAHO.COM</u>	Business Phone: _____ E-mail: _____
Employer: <u>Dammow Eng</u> Position: <u>VP</u>	Employer: _____ Position: _____
Years in Current Job: <u>40</u>	Years in Current Job: _____
MARITAL STATUS	
Applicant: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input checked="" type="checkbox"/> Unmarried (single, divorced, widowed)	
Other Party: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)	
If married, does a separate property agreement exist between the applicant and spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2 Financial Condition			
ASSETS	(Omit cents)	LIABILITIES	(Omit cents)
Cash in Banks (Sch. 1)	\$ <u>15,000</u>	Revolving (Lines of Credit/Credit Cards) (Sch. 6)	\$ <u>60,000.00</u>
Cash on Hand	\$	Bank Notes Payable (Sch. 6)	\$
Brokerage Accounts (Non-retirements stocks, mutual funds) (Sch. 2)	\$	Notes Payables (Others) (Sch. 6)	\$
Individual Stocks or Bonds	\$	Loans against Life Insurance	\$
Retirement Accounts (IRA, 401K, Roth IRA) (Sch. 3)	\$ <u>70,000.00</u>	Unpaid taxes	\$
Cash Surrender Value of Life Insurance (Do not list face amount) (Sch. 4)	\$ 20,000	Real Estate Mortgage – Primary Residence (Sch. 7)	\$ <u>N/A</u>
Accounts and Notes Receivable (Sch. 5)	\$	Real Estate Mortgages – other residences (Sch. 7)	\$
Primary Residence (Sch. 7) If renting- monthly rent \$ _____	\$ <u>200,000.00</u>	Real Estate Mortgages – Investment (Sch. 7)	\$
Other Residences (Sch. 7)	\$	Auto Loans	\$ <u>20,000.00</u>
Investment Real Estate (Sch. 7)	\$	Recreational Loans	\$
Automobiles	\$ <u>30,000.00</u>	Other Installment Debt	\$
Boats and Recreational Vehicles	\$ <u>80,000.00</u>	Business Related Debt (Sch. 8)	\$
Business Interests(Sch. 8)	\$		
Other Assets	\$		
TOTAL ASSETS	\$ <u>395,000.00</u>	TOTAL LIABILITIES	\$ <u>80,000.00</u>
		(Total Assets – Total Liabilities) NET WORTH	\$ <u>315,000.00</u>

315,000.00

Section 3 – Income and Contingent Liabilities

INCOME SOURCES			CONTINGENT LIABILITIES (this section must be completed)	
	Applicant	Spouse / Partner		
			Do you guaranty any business related debt?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Salary and Wages	69,314.00		Are you a co-maker or endorser on any other debt?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Bonuses (recurring)			Are you the defendant in any lawsuit(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Investment Income (recurring)			Are there any outstanding judgments against you?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Net Real Estate Income			Are any business interests the defendant in lawsuit(s)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Business Distributions			Have you or any company you owned filed for bankruptcy?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Non-recurring Income			If Yes on any, please describe:	
TOTAL INCOME	69,314.00			

Schedule 1 - Cash in Banks

Financial Institution	Account Type	Current Balance	Is any portion of balance pledged?
WHITNEY BANK	Checking	15,000.00	

Schedule 2 – Brokerage Accounts

Financial Institution	Account Type	Current Balance	Is any portion of balance pledged?

Schedule 3 - Retirement Accounts

Type of Account	Account Holder	Beneficiary	Account Value

Schedule 4 – Life Insurance

Name of Insured	Face Value	Cash Value	Beneficiary

Schedule 5– Accounts and Notes Receivable

Name of Debtor	Maturity Date	Collateral	Lien Position	Unpaid Balance	Payment Terms	Payment Amount

Schedule 6– Credit Lines and Notes Payable

Name of Creditor	Maturity Date	Collateral	Lien Position	Unpaid Balance	Payment Terms	Payment Amount

Schedule 7 – Real Estate

	Personal Residence	Property A	Property B	Property C
Property Address	124 EDEN ISLES			
Type of Property	Home			
Property Owner	ME			
% Ownership	100%			
Purchase Date	1999			
Purchase Price	124,000.00			
Cost of Renovations since purchase				
Current Market Value	200,000.00			
Original Mortgage Balance				
Current Mortgage Balance	N/A			
Name of Lender				
Interest Rate				
Loan Maturity Date				
Payment Schedule (Years)				
Payment Amount				
Do payments include escrow?				
Is loan current or past due?				
Rental Income				
Are rents gross or % owned				
Annual Expenses				
Is property currently listed for sale?				

For additional real estate owned, please continue on attached schedule of real estate owned

Undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that information provided in this form and attachments is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation made on this form and its attachments may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon misrepresentation made on this form and attachments, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provision of Title 18, U.S.C. 1001, et seq. The Lender, its servicers, successors or assigns may retain the original and/or an electronic record of this form and other related documents, whether or not the loan is approved. The Lender, its servicers, successors or assigns may rely on the information contained in this form, and I am obligated to amend and/or supplement the information provided in this form if any of the material facts that I have represented herein should change prior to closing of a loan. In the event that my payments on the Loan become delinquent, the lender, its servicers, successors or assigns may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to consumer reporting agencies. Ownership of the loan and/or administration of the Loan account may be transferred with such notice as may be required by law. My transmission of this form as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this form containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this form were delivered containing my original signature. Fidelity Homestead Savings Bank is authorized to check my credit and employment history and to answer questions about your credit experience with me.

 Signature

9-23-19

 Date

 Signature of Spouse (if applying for joint credit)

 Date

Schedule 7 – Real Estate (continued)

	Property D	Property E	Property F	Property G
Property Address				
Type of Property				
Property Owner				
% Ownership				
Purchase Date				
Purchase Price				
Cost of Renovations since purchase				
Current Market Value				
Original Mortgage Balance				
Current Mortgage Balance				
Name of Lender				
Interest Rate				
Loan Maturity Date				
Payment Schedule (Years)				
Payment Amount				
Do payments include escrow?				
Is loan current or past due?				
Rental Income				
Are rents gross or % owned				
Annual Expenses				
Is property currently listed for sale?				
	Property H	Property I	Property J	Property K
Property Address				
Type of Property				
Property Owner				
% Ownership				
Purchase Date				
Purchase Price				
Cost of Renovations since purchase				
Current Market Value				
Original Mortgage Balance				
Current Mortgage Balance				
Name of Lender				
Interest Rate				
Loan Maturity Date				
Payment Schedule (Years)				
Payment Amount				
Do payments include escrow?				
Is loan current or past due?				
Rental Income				
Are rents gross or % owned				
Annual Expenses				
Is property currently listed for sale?				

a Employee's SSN 437-31-0264		b Employer identification number (EIN) 72-1075648			OMB No 1545-0008	
c Employer's name, address, and ZIP code DAMMON ENGINEERING, INC. 554 OLD SPANISH TRAIL SLIDEELL LA 70458-2923		1 Wgs, tips, other compn 72733.48	2 Fed inc tax withheld 12661.52	3 Social security wages 72733.48		
		4 SS tax withheld 4509.48	5 Medicare wages & tips 72733.48	6 Medicare tax withheld 1054.64		
		7 Social security tips	8 Allocated tips	9		
d Control number		10 Depdnt care benefits	11 Nonqualified plans	12a DD 2856.92		
e Employee's name, address, and ZIP code CHARLES K DAMMON 124 EDEN ISLES BLVD. SLIDEELL LA 70458		13 Statutory employee. <input type="checkbox"/>		14 Other		12b
		Retirement plan . . <input type="checkbox"/>				12c
		Third-party sick pay <input type="checkbox"/>				12d
15 State LA	Employer's state ID No. 5783394-001	16 State wages, tips, etc. 72733.48	17 State income tax 2764.01	18 Local wages, tips, etc	19 Local income tax	20 Locality name

Form **W-2**
Wage and Tax Statement
2016

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

REV 01/12/17 QBDT

a Employee's SSN 437-31-0264		b Employer identification number (EIN) 72-1075648			OMB No. 1545-0008		
c Employer's name, address, and ZIP code DAMMON ENGINEERING, INC. 554 OLD SPANISH TRAIL SLIDEELL LA 70458-2923		This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.					
		1 Wgs, tips, other compn 71080.72	2 Fed inc tax withheld 11791.00	3 Social security wages 71080.72			
		4 SS tax withheld 4407.00	5 Medicare wages & tips 71080.72	6 Medicare tax withheld 1030.67			
d Control No.		7 Social security tips	8 Allocated tips	9			
e Employee's name, address, and ZIP code CHARLES K DAMMON 124 EDEN ISLES BLVD. SLIDEELL LA 70458		10 Depdnt care benefits		11 Nonqualified plans	12a DD 4509.68		
e Employee's name, address, and ZIP code CHARLES K DAMMON 124 EDEN ISLES BLVD. SLIDEELL LA 70458		13 Statutory employee. <input type="checkbox"/>		14 Other		12b	
		Retirement plan . . <input type="checkbox"/>				12c	
		Third-party sick pay <input type="checkbox"/>				12d	
15 State LA	Employer's state ID No. 5783394-001	16 State wages, tips, etc. 71080.72	17 State income tax 2680.89	18 Local wages, tips, etc	19 Local income tax	20 Locality name	

Form **W-2**
Wage and Tax Statement
2017

Copy C For EMPLOYEE'S RECORDS. (See Notice to Employee.)

REV 01/12/18 QBDT

Copy B To Be Filed with Employee's FEDERAL Tax Return.			2018 OMB No 1545-0008		
a Employee's SSN 437-31-0264	1 Wages, tips, other comp 69314.02	2 Federal income tax withheld 10922.00			
b Employer ID no. (EIN) 72-1075648	3 Social security wages 69314.02	4 Social security tax withheld 4297.47			
	5 Medicare wages and tips 69314.02	6 Medicare tax withheld 1005.05			
c Employer's name, address, and ZIP code DAMMON ENGINEERING, INC. 554 OLD SPANISH TRAIL SLIDEELL LA 70458-2923					
d Control number					
e Employee's name, address, and ZIP code CHARLES K DAMMON 124 EDEN ISLES BLVD. SLIDEELL LA 70458					
7 Social security tips	8 Allocated tips	9			
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst for box 12 DD 1276.38			

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.			2018 OMB No. 1545-0008		
a Employee's SSN 437-31-0264	1 Wages, tips, other comp 69314.02	2 Federal income tax withheld 10922.00			
b Employer ID no (EIN) 72-1075648	3 Social security wages 69314.02	4 Social security tax withheld 4297.47			
	5 Medicare wages and tips 69314.02	6 Medicare tax withheld 1005.05			
c Employer's name, address, and ZIP code DAMMON ENGINEERING, INC. 554 OLD SPANISH TRAIL SLIDEELL LA 70458-2923					
d Control number					
e Employee's name, address, and ZIP code CHARLES K DAMMON 124 EDEN ISLES BLVD. SLIDEELL LA 70458					
7 Social security tips	8 Allocated tips	9			
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst for box 12 DD 1276.38			