

PERSONAL FINANCIAL STATEMENT

Submitted to: _____

Date: _____

Section 1-Individual Information (Type or Print)		Section 2-Other Party Information (Type or Print)	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Social Security #		Social Security #	
Date of Birth		Date of Birth	
Position or occupation		Position or occupation	
Business name		Business name	
Business address		Business address	
City, State, Zip		City, State, Zip	
Length at present address		Length at present address	
Length of employment		Length of employment	
Residential phone		Residential phone	
Business phone		Business phone	

Section 3-Statement of Financial Condition as of _____, 20____			
Assets (Do not include assets of doubtful value)	In dollars (omit cents)	Liabilities	In dollars (omit cents)
Cash, Checking and Savings, CD's-see Schedule A		Notes payable to banks and others-see Schedule H	
U.S. Govt and marketable securities-see Schedule B		Due to brokers	
Non-marketable securities-see Schedule C		Amounts payable to others-secured	
Securities held by broker in margin accounts		Amounts payable to others-unsecured	
Restricted, control or margin account stocks		Accounts and bills due	
Real estate owned-see Schedule D		Unpaid income tax	
Accounts, loans, and notes receivable		Other unpaid taxes and interest	
Automobiles		Real estate mortgages payable-see Schedules D&H	
Cash surrender value-life insurance-see Schedule E		Other debts (car payments, credit cards, etc)-itemize	
Vested interest in deferred compensation/profit-sharing Plans-see Schedule F		Total Liabilities	
Business ventures-see Schedule G			
Other assets/personal property itemize-see Schedule G if applicable		Net Worth	
Total Assets		Total Liabilities and Net Worth	

Section 4-Annual Income For Year Ended: _____ 20____		Annual Expenditures	Contingent Liabilities	Estimated Amounts
Salary, bonuses & commissions _____		Mortgage/rental payments _____	Do you have any... Yes No	
Dividends & interest _____		Real estate taxes & assessments _____	Contingent liabilities (as endorser, co-maker or guarantor?)... <input type="checkbox"/> <input type="checkbox"/>	
Real Estate Income _____		Taxes-federal, state, and local _____	On leases? On contracts? <input type="checkbox"/> <input type="checkbox"/>	
Other income _____		Insurance payments _____	Involvement in pending legal actions? <input type="checkbox"/> <input type="checkbox"/>	
(alimony, child support or separate maintenance income need to be revealed if you do not wish to have it considered as a basis for repaying this obligation.)		Other contract payments (car payments, charge cards, etc.) _____	Contested and/or unsatisfied income tax liens? <input type="checkbox"/> <input type="checkbox"/>	
		Alimony, child support maintenance _____	Any estimated capital gains tax? <input type="checkbox"/> <input type="checkbox"/>	
		Other expenses _____	Have you ever... Declared bankruptcy? <input type="checkbox"/> <input type="checkbox"/>	
			Been audited by the IRS? <input type="checkbox"/> <input type="checkbox"/>	
			If "yes" to any question(s) describe:	
		Total Expenditures	Total Contingent Liabilities	

(COMPLETE SCHEDULES AND SIGN ON REVERSE SIDE)

SCHEDULE A – CASH, CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.

Name of Financial Institution	Type of Account	Owner	(J)	If Pledged, to Whom?	Balance

SCHEDULE B – U.S. GOVERNMENT AND MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of shares or Face Value of Bonds	Description	In Name of	Are these Registered, Pledged or Held by Others?	Market Value	Exchanges Where Traded

SCHEDULE C – NON-MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of Shares	Description	In Name of	Are these Registered, Pledged or Held by Others?	Value	Method of Valuation

SCHEDULE D – INVESTMENTS IN REAL ESTATE (Use additional sheet if necessary)

Description/Location of Real Estate Investment	(J)	Date of Original Investment/Amount	% Owned by You	Market Value of Your % of Investment	Present Balance	Monthly Payment	Mortgage Maturity Date	Mortgage Owed To

SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F – VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT-SHARING PLANS

% Vested	Company Name	Account Number	Manner of Payout (Annuity, Lump Sum, etc)	Distribution Date	Beneficiary	Amount

SCHEDULE G – BUSINESS VENTURES (Use additional sheet if necessary)

List Name and Address of any Business Venture in which You are a Principal or Partner	Your Position/Title in Business	Line of Business	Years in Business	Total Assets Listed in Section 3	Your % of Ownership	Net Worth of Business	Present Net Value of Your Investment

SCHEDULE H – LOANS OWING BANK, BROKERS, FINANCE COMPANIES, AND OTHERS (MASTERCARD, VISA, ETC.)

Owing to (Acct No)	(J)	Date of Original Borrowing/Amount	Present Balance	Due	Monthly Payment	Date of Final Pay't	Secured by

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 guaranty of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that (1) the information provided herein is true, correct and complete and gives a correct and complete showing of the financial condition of the undersigned, (2) the undersigned has no liabilities direct, indirect or contingent except as set forth in this statement, and (3) legal and equitable title to all assets listed herein is in the undersigned's sole name, except as may be herein otherwise noted. 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 written statement, this should be considered as a continuing statement and substantially correct. 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 and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Each of the undersigned represents, warrants and certifies that none of the above assets are held in trust.

Date signed _____, 20____ Signature _____

Date signed _____, 20____ Signature _____