



PERSONAL FINANCIAL STATEMENT

Submitted to:

Financial Statement as of: _____ (Date)

APPLICANT			CO-APPLICANT		
Name:			Name:		
Street Address:			Street Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Date of Birth:		Social Security Number:	Date of Birth:		Social Security Number:
Home Phone:		Work Phone:	Home Phone:		Work Phone:
Employer:			Employer:		
Employer Address:			Employer Address:		
Position/Title:		How Long:	Position/Title:		How Long:

ASSETS: (Do not include assets of doubtful value) In dollars			LIABILITIES: In dollars		
	Individually Owned	Jointly Owned		Individual	Joint
Cash (Schedule 1)	\$		Notes payable to Financial Institutions (Schedule 6)	\$	\$
Securities - Marketable & Non-Marketable (Schedule 2-Attach Supporting Statements)	\$	\$	Notes payable to Others Institutions (Schedule 6)	\$	\$
Securities held by broker in margin accounts			Due to Brokers	\$	\$
Restricted, control, or margin account stocks	\$	\$	Amounts Payable to Others - Secured	\$	\$
Life Insurance Cash Value (Schedule 3)	\$	\$	Amounts Payable to Others - Unsecured	\$	\$
Notes and Contracts Held by You (Schedule 4)	\$	\$	Credit Card Accounts (Schedule 7)	\$	\$
Real Estate: Personal Residence (Schedule 5)	\$	\$	Loans against Life Insurance Policies (Schedule 3)	\$	\$
Other Real Estate (Schedule 5)	\$	\$	Installment/Auto Loans (Schedule 6)	\$	\$
Pension & Retirement Accounts, including IRA's (Attach supporting statements)	\$	\$	Unpaid Income Tax	\$	\$
Automobiles (Describe: Year/Make/Model)	\$	\$	Real Estate Mortgages Payable (Schedule 5)	\$	\$
Other Personal Property	\$	\$	Other Liabilities (Describe):	\$	\$
Other Assets (Describe)	\$	\$		\$	\$
	\$	\$			
				Total Liabilities	\$
					(Total Assets Less Total Liabilities) Net Worth
	Total Assets	\$			\$

Attach additional pages if necessary. Additional pages must be signed and dated by all parties to this financial statement.

ANNUAL INCOME: Year Ending _____			ANNUAL EXPENDITURES		
	Applicant	Co-Applicant		Applicant	Co-Applicant
Salary	\$	\$	Mortgage / Rental Payments	\$	\$
Bonuses/Commissions	\$	\$	Real Estate Taxes & Assessments	\$	\$
Dividends/Interest	\$	\$	Taxes - Federal, State & Local	\$	\$
Net Real Estate Rental Income	\$	\$	Insurance Payments	\$	\$
Income from alimony, child support, or maintenance payments need not be entered unless you want it considered as a basis for repayment.	\$	\$	Other contract payments (car payments, charge cards, etc.)	\$	\$
Other (list)	\$	\$	Alimony, child support, maintenance	\$	\$
			Other expenses	\$	\$
	Total Income	\$		Total Expenditures	\$

CONTINGENT LIABILITIES			GENERAL INFORMATION		
Do you have any.....	Applicant	Co-Applicant	Yes or No	Applicant	Co-Applicant
Are you a co-maker, endorser, or guarantor for any other person's debt or obligation? Yes or No	\$	\$	Partner, officer, or owner in any other venture? If so, explain:		
Contested income tax liens? Yes or No	\$	\$	Are any assets pledged?		
Involvement in pending legal actions? Yes or No	\$	\$	Income taxes settled through (date)		
Other special debt or circumstances? Yes or No	\$	\$	Have you ever taken bankruptcy? If so, explain?		
If "yes" to any questions(s) describe:			Do you have a will / trust? With whom?		
			Number of dependents and ages		
	Total Contingent Liabilities	\$			

SCHEDULE 1 / CASH ON HAND AND IN BANKS		
Name of Bank or Financial Institution	Type of Account	Account Balance
		\$
		\$
		\$
Total		\$

SCHEDULE 2 / SECURITIES OWNED				
Description	# Shares	Par Value	Description (Indicate if Listed or Unlisted)	Current Market Value
				\$
				\$
				\$
Total				\$

SCHEDULE 3 / LIFE INSURANCE				
Insurance Company	Face Value of Policy	Cash Value of Policy	Insured / Beneficiary	Loans
				\$
				\$
Total				\$

SCHEDULE 4 / RECEIVABLES DUE ME (US) ON NOTES & CONTRACTS I (WE) OWN					
Name of Debtor	Maturity	Interest Rate	Security	Monthly Payment	Balance Due
				\$	\$
				\$	\$
				\$	\$
Total				\$	\$

SCHEDULE 5 / REAL ESTATE OWNED								
Description & Location of Property	Title in Name of	% Owned	Date Acquired	Purchase Price	Current Mkt. Value	Date Due	Monthly Payment	Balance Due
							\$	\$
							\$	\$
							\$	\$
							\$	\$
Total							\$	\$

SCHEDULE 6 / NOTES PAYABLE TO FINANCIAL INSTITUTIONS/OTHERS & AUTO/INSTALLMENT LOANS				
Name of Creditor	Collateral	Maturity Date	Monthly Payment	Balance Due
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total			\$	\$

SCHEDULE 7 / CREDIT CARD ACCOUNTS		
Name of Creditor	Monthly Payment	Balance Due
	\$	\$
	\$	\$
	\$	\$
	\$	\$
Total		\$

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 acknowledge and understand 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 the information provided herein is true, correct and complete. 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 full 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. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

By signing below, each representative of the Applicant declares that he/she has read and understands the statement above.

Signature: _____ Date: _____ Signature: _____ Date: _____

Applicant

Co-Applicant

TYPE OF CREDIT - CHECK THE APPROPRIATE BOX <input type="checkbox"/> Individual (Provide your financial information only.) <input type="checkbox"/> Joint, with _____ <input type="checkbox"/> Information on separate financial statement. Relationship: _____
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