

PERSONAL FINANCIAL STATEMENT AS OF _____

Date

SUBMITTED TO: _____

PERSONAL INFORMATION							
APPLICANT (NAME)				CO-APPLICANT (NAME)			
Employer				Employer			
Address of Employer				Address of Employer			
Business Phone No.	No. of Years with Employer	Title/Position		Business Phone No.	No. of Years with Employer	Title/Position	
Name of previous employer & position (if with current employer less than 3 yrs.)			No. of Yrs.	Name of previous employer & position (if with current employer less than 3 yrs.)			No. of Yrs.
Home Address				Home Address			
Home Phone No.	Social Security No.		Date of Birth	Home Phone No.	Social Security No.		Date of Birth
Name, Phone No. of your Accountant				Name, Phone No. of your Accountant			
Name, Phone No. of your Attorney				Name, Phone No. of your Attorney			
Name, Phone No. of your Investment Advisor/Broker				Name, Phone No. of your Investment Advisor/Broker			
Name, Phone No. of your insurance Advisor				Name, Phone No. of your Insurance Advisor			

Cash Income & Expenditures Statement For Year Ended _____ (Omit cents)

ANNUAL INCOME	AMOUNT (\$)	ANNUAL EXPENDITURES	AMOUNT (\$)
Salary (applicant)	\$	Federal Income and Other Taxes	\$
Salary (co-applicant)		State Income and Other Taxes	
Bonuses & Commissions (applicant)		Property Taxes	
Bonuses & Commissions (co-applicant)		Mortgage Principal	Residential Investment
Rental Income		Mortgage Interest	Residential Investment
Interest Income		Installment Debt and Revolving Credit Card Debt	
Dividend Income		Insurance (car, life, health, home)	
Capital Gains		Investments <small>(including tax shelters, pensions, and non-deductible retirement payments)</small>	
Business / Partnership Income		IRA and other deductible retirement pmts.	
Other Investment Income		Tuition / Child Support / Daycare	
Other Income (List)* *		Other Living Expense <small>(gas, food, clothing, utilities, alimony, ect.)</small>	
		Medical and Dental Expenses	
		Other Expense (List)	
TOTAL INCOME ►	\$	TOTAL EXPENDITURES ►	\$

Any significant changes expected in the next 12 months? ☐ Yes ☐ No (If yes, attach information.)

** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
Cash in Bank (checking and savings accounts)	\$	Notes Payable to Bank	x x x
		Secured	\$
Cash in Other Financial Institutions (List) (including money market accounts, CDs)		Unsecured	
		Notes Payable to Others (Schedule E)	x x x
		Secured	
		Unsecured	
		Accounts Payable (including credit cards)	
		Margin Accounts	
Readily Marketable Securities (Schedule A)		Notes Due: Partnership (Schedule D)	
Non-Readily Marketable Securities (Schedule A)		Taxes Payable	
Accounts and Notes Receivable		Mortgage Debt (Schedule C)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Life Insurance Loans (Schedule B)	
Residential Real Estate (Schedule C)		Other Liabilities (List):	
Real Estate Investments (Schedule C)			
Business/Partnership Market Value (Schedule D)			
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts			
Deferred Income			
Personal Property (including automobiles)			
Other Assets (List):			
		TOTAL LIABILITIES	
		NET WORTH	
	\$		\$

CONTINGENT LIABILITIES	YES	NO	AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any suits or legal actions pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you contingently liable on any lease or contract?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are any of your tax obligations past due?	<input type="checkbox"/>	<input type="checkbox"/>	_____
What would be your total estimated tax liability if you were to sell your major assets?			_____
If yes for any of the above, give details:			

No. of Shares (Stock) or Face Value (Bonds)	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEGGED	
						YES	NO
READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals)							
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock)							
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>

(8)

Schedule B - Insurance

Life Insurance (use additional sheet if necessary)

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)

Personal Residence Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						
Investment Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

Schedule D - Businesses/Partnerships

Name	Date of Initial Investment	Address	Percent Owned	Current Market Value	Balance Due on Businesses: Notes, Cash Call	Final Contribution Date
Businesses:						
Partnerships:						

Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns or in the case of partnership investments or S-corporations, schedule K-1s.

Schedule E - Notes Payable

Due to	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

Please Answer The Following Questions:

1. Income tax returns filed through (date): _____ Are any returns currently being audited or contested? ☐ Yes ☐ No
If yes, what year(s)? _____
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? ☐ Yes ☐ No
If yes, please provide details: _____
3. Have you drawn a will? ☐ Yes ☐ No
If yes, please furnish the name of the executor(s) and year will was drawn: _____
4. Number of dependents (excluding self) and relationship to applicant: _____
5. Have you ever had a financial plan prepared for you? ☐ Yes ☐ No
6. Did you include three years federal tax returns? ☐ Yes ☐ No
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? ☐ Yes ☐ No
If so, please indicate where, how much, and name of banker: _____

8. Do you anticipate any substantial inheritances? ☐ Yes ☐ No
If yes, please explain: _____

Representations and Warranties

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 guarantee 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 guarantee 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. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. 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. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Date

Your Signature

Date

Co-Applicant's Signature