

## **FINANCIAL STATEMENT**

Section 37-7-104(A)(4)

Under Section 37-7-104(A)(4), the credit counseling organization must submit financial statements as of the most recent fiscal year.

Personal financial statements of every owner, partner, member, officer and director of the applicant may be substituted for **new** company statements. (“New” being a company in business for less than one year). This document is an example of a personal financial statement and can be used by every owner, partner, member, officer and director of the applicant to serve that purpose.

FINANCIAL STATEMENT FOR: \_\_\_\_\_  
 Name of Credit Counseling Organization

Financial Condition as of: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant			Co-Applicant		
Name			Name		
Street Address			Street Address		
City, State, Zip			City, State, Zip		
Date of Birth -			Date of Birth -		
Social Security Number -			Social Security Number -		
Telephone (Home) -			Telephone (Home) -		
Employer -			Employer -		
Position -			Position -		
Dependents (Include Self)			Dependents (Include Self)		
Marital Status - Married    Unmarried Separated			Marital Status - Married    Unmarried Separated		
Assets	Sch.	\$	Liabilities	Sch.	\$
Cash and Certificates of Deposit			Accounts Payable		
Pension & Retirement Accounts			Taxes Payable		
Marketable Securities			Notes and Mortgages Payable		
Notes and Accounts Receivable			Credit Cards		
Cash Value Life Insurance			Other Liabilities		
Other Investments			Autos		
Residential Real Estate					
Investment Real Estate					
Autos					
Other Assets					
			TOTAL LIABILITIES		
			Net Worth (assets - liabilities)		
<b>Assets</b>	<b>Total</b>		<b>Total Liabilities &amp; Net Worth</b>		

**Annual Personal Cash Flow**

Income	Applicant	Co-Applicant	Expenses/Payments	Combined
Salary			Credit Cards	
Bonus			Auto Loans	
Commissions			Bank Loans	
Dividends/Interest			Home Mortgage Loan	
Business Income			Rent	
Real Estate Income			Estimated Income Taxes	
Other Income			Real Estate Taxes	
			Insurance	
			Living Expenses	
			Other Expense	
<b>Total</b>			<b>Total Expenses/Payments</b>	
<b>Total Joint Income</b>	\$		<b>Surplus Income (Income Minus expenses)</b>	\$

Schedule 1 Cash on Hand		
Name of Financial Institution	Type of Account	Account Balance
<b>TOTAL</b>		\$

Schedule 2 Securities Owned (include stocks, bonds, mutual funds, annuities, IRAs)				
Description	Brokerage Firm / Financial Institution	No. of Shares	Price/Share	Current Market Value
<b>TOTAL</b>				\$

Schedule 3 Life Insurance					
Insurance Company	Insured	Beneficiary	Face Value	Cash Value	Loans
TOTAL				\$	\$

Schedule 4 Residential Real Estate			
Address	Purchase Price	Date Purchased	Current Value
TOTAL		\$	\$

Schedule 5 Investment Real Estate					
Parcel No.	Location & Type of Property	Purchase Price	Purchase Date	Appraised Value Estimated Value	Annual Income
TOTAL				\$	\$

Schedule 6 Other Notes and Mortgages Payable					
Type	Lender/Company	Balance \$	Annual Payment	Interest Rate	Maturity
TOTAL		\$	\$		

Please answer the following:

Are there any tax liens presently outstanding  
against you or your property?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Have you executed a valid will?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Do you have a trust?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Do you have any contingent liabilities?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please list the amount (\$)      \_\_\_\_\_ Yes      \_\_\_\_\_ No      \$ \_\_\_\_\_

For the purpose of application for a credit counseling organization license, I/we furnish the foregoing as a true and accurate statement of my/our financial condition.

Authorization is hereby given to \_\_\_\_\_ to verify in any manner it deems appropriate, any or all items indicated on this statement, including inquires to credit bureaus, employers, and creditors.

Signed by: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date Signed: \_\_\_\_\_