

Bank Name
Street, City, State Zip
Phone, Fax, Email

Personal Financial Statement

				Date of Statement:	
Name:		SS#		Employer:	
Name:		SS#		Employer:	
Address:				Home Phone:	
City, State, Zip Code:				Business Phone:	
	Assets		Amount in Dollars		Liabilities
					Amount in Dollars
Schedule 1	Cash - checking, savings, on hand			Schedule 6	Current Debt (Accounts Payable)
Schedule 2	Securities - stocks / bonds / mutual funds			Schedule 7	Real estate mortgages
	Notes & contracts receivable				Taxes payable
Schedule 3	Retirement Funds (eg. IRAs, 401(k))			Other Liabilities (specify):	
Schedule 4	Life insurance (cash surrender value)				
	Personal Property, HHGS				
Schedule 5	Real Estate Owned				
Other					
				Total Liabilities	
	Total Assets			Net Worth	
GROSS ANNUAL INCOME		Year Ended 12/31/	AMOUNT	MONTHLY EXPENSES	
				AMOUNT	
Salary or Wages				Payments on Mortgages	
Bonus and Commission				Payments on All Other Loans	
Dividends and Interest				Other Expenses	
Rental and Lease Income					
Other Income					
Total Annual Income				Total Monthly Expenses	
CONTINGENT LIABILITY				AMOUNT	
As a co-maker or guarantor on notes or leases					
As a partner or officer in any other venture (if so describe)					
Defendant in any legal action (explain)					
Total Contingent Liability					
<p>The information contained in this statement for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness, including obtaining personal credit bureau reports. You are authorized to answer questions about your credit experience with me/us.</p>					
Notice: The State Laws against discrimination require that all creditors make credit equally available to all credit-worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The State Civil Rights Commission administers compliance with this law.			Signature:		D.O.B.
			Signature:		D.O.B.

Bank Name
Street, City, State Zip
Phone, Fax, Email

Personal Financial Statement

Schedule 1: Checking and Savings Accounts

	Bank Name	Account Holder Name	Type(s) of Account	Balance
Total				

Schedule 2: Securities / stocks / bonds / mutual funds / stock in closely held companies (Attach additional information if needed)

	Name of Investment	Date of Acquisition	Number of Shares	Price Per Share	Total Value
Total					

Schedule 3: IRA's, 401(k), Retirement Accounts

	Bank / Brokerage	Amount	Name	Total Value
Total				

Schedule 4: Life Insurance

	Company Name / Person Insured	Beneficiary	Face Amount	Cash Value
Total Cash Value				

Schedule 5 & 7: Real Estate (Attach additional information if needed)

	Description / Location	Creditor Name	Monthly Payment	Amount Due	Market Value
Totals					

Schedule 6: Accounts Payable & Installment Loans

	Creditor Name	Collateral	Monthly Payment	Balance Due
Total				