

Personal Financial Statement



As of: _____

Name: _____ Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ Driver's License Expiration Date: _____

Home Address: _____

Home Phone Number: _____ Mobile Phone Number: _____

Business Phone Number: _____ # of years with employer: _____

ASSETS	JOINT?	AMOUNT	LIABILITIES	AMOUNT	MONTHLY PAYMENT
Cash — <i>Schedule A</i> (including Checking & Savings Accounts)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Loans Payable to Banks (<i>Secured</i>) — <i>Schedule G</i>		
Marketable Securities — <i>Schedule B</i> (Stocks, Bonds, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Loans Payable to Banks (<i>Unsecured</i>) — <i>Schedule G</i>		
Retirement Accounts — <i>Schedule C</i> (401K, IRA, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Auto Loans & Leases — <i>Schedule G</i>		
Securities Held by Broker in Margin Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		Amounts Payable to Others (<i>Secured</i>) — <i>Schedule G</i>		
Net Worth of Business % Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No		Unpaid Income Tax		
Real Estate Owned — <i>Schedule D</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other unpaid taxes and interest		
Loans Receivable	<input type="checkbox"/> Yes <input type="checkbox"/> No		Real Estate Mortgages Payable — <i>Schedule D</i>		
Automobiles	<input type="checkbox"/> Yes <input type="checkbox"/> No		Other Debts (<i>Itemize below</i>)		
Personal Property	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Cash Value Life Insurance — <i>Schedule E</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Value of Business Ventures — <i>Schedule F</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other Assets (<i>Itemize below</i>)					
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Total Liabilities	\$	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No		Net Worth	\$	\$
Total Assets		\$	Total Liabilities and Net Worth	\$	\$

ANNUAL INCOME					
Annual Income	[Individual]	[Joint]	Annual Expenditures	[Individual]	[Joint]
Salary, bonuses & commissions			Mortgage/rental payments		
Dividends & Interest			Real estate taxes & assessments		
Real Estate Income			Insurance Payments		
Other income (alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)			Other contract payments (car payments, credit cards, etc.)		
			Alimony, child support, maintenance		
			Other expenses		
Total Income	\$	\$	Total Expenditures	\$	\$

CONTINGENT LIABILITIES		
Do you have any contingent liabilities? <i>If yes, please provide details in the box to the right.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
As an endorser, co-maker, or guarantor? <i>If yes, please attach schedule.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any legal claims? <i>If yes, please provide details in the box to the right.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Personal Financial Statement (cont'd)



PERSONAL INFORMATION

Do you have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets above listed in a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a partner or officer in another venture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
MISCELLANEOUS INFORMATION	
Are you a defendant in any suit or legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount of contested income tax leins:	
Personal bank accounts carried at:	
Type of personal accounts carried:	
Have you or your business ever declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please explain:</i>	

SCHEDULE A – CASH

Institution Where Held	Owner of Account	Total Value	Joint?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Additional Information:</i>			

SCHEDULE B – MARKETABLE SECURITIES

Institution Where Held	Owner of Account	Total Value	Joint?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Additional Information:</i>			

SCHEDULE C – RETIREMENT ACCOUNTS

Institution Where Held	Owner of Account	Total Value
<i>Additional Information:</i>		

SCHEDULE D – REAL ESTATE OWNED

Property Address	% of Ownership	Title in the Name of:	Market Value	Monthly Income (if rented)	Mortgage		
					Amount	Payment	Maturity
<i>Additional Information:</i>							

Personal Financial Statement (cont'd)



SCHEDULE E – LIFE INSURANCE CARRIED (specify Term, Whole, or Universal)

Face Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans
Additional Information:				

SCHEDULE F – BUSINESS INTERESTS

Entity Name	% of Ownership	Value of Your Ownership
Additional Information:		

SCHEDULE G – LOANS AND LEASES PAYABLE

Institution Where Held	Amount Owed	Monthly Payment	Loan or Lease	Collateral
Additional Information:				

The undersigned certified that both sides hereof and the information inserted therein has been carefully read and is true.

Signature: _____ Date: _____ Date of Birth: _____

Signature: _____ Date: _____ Date of Birth: _____

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 have been 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 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 and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full including but not limited to ordering a credit report. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.