

## PERSONAL FINANCIAL STATEMENT AS OF

Date

**SUBMITTED TO:**

PERSONAL INFORMATION							
<b>APPLICANT (NAME)</b>				<b>CO-APPLICANT (NAME)</b>			
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			
Email Address				Email Address			
Home Phone No.	Social Security No.	Date of Birth		Home Phone No.	Social Security No.	Date of Birth	
Accountant and Phone #				Accountant and Phone #			
Attorney and Phone #				Attorney and Phone #			
Investment Advisor/Broker and Phone #				Investment Advisor/Broker and Phone #			
Insurance Advisor and Phone #				Insurance Advisor and Phone #			
Marital Status: Single: <input type="checkbox"/> Married: <input type="checkbox"/> Divorced: <input type="checkbox"/> Widowed: <input type="checkbox"/>				Marital Status: Single: <input type="checkbox"/> Married: <input type="checkbox"/> Divorced: <input type="checkbox"/> Widowed: <input type="checkbox"/>			

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

ANNUAL INCOME	SOURCES*	AMOUNT (\$)
Salary (applicant)		
Salary (co-applicant)		
Bonuses & Commissions (applicant)		
Bonuses & Commissions (co-applicant)		
Rental Income		
Interest Income		
Dividend Income		
Proceeds from Sales		
Partnership Income		
Other Investment Income		
Other Income (List)* *		

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal Income and Other Taxes	
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	Residential
	Investment
Property Taxes	Residential
	Investment
Interest & Principal Payments on Loans	
Insurance (Home, Health, Vehicles)	
Investments (including tax shelters)	
Alimony/Child Support	
Meals and Food	
Tuition	
Medical Expenses	
Other Living Expense	

<b>TOTAL INCOME</b>		<b>0\$0.00</b>

Other Expense (List)	
<b>TOTAL EXPENDITURES</b>	<b>0\$0.00</b>

Any significant changes expected in the next 12 months?

Yes:  No:  (If yes, attach Information).

Sources\*=examples are Cash, W-2, Tax Return, etc. \*\*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.

**Balance Sheet as of**

ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
Cash in this Bank (List) (including money market accounts, CDs)		Notes Payable to this Bank	
		Secured	
Cash in Other Financial Institutions (List) (including money market accounts, CDs)		Unsecured	
		Notes Payable to others (Schedule E)	
Readily Marketable Securities (Schedule A)		Secured	
Non-Readily Marketable Securities (Schedule A)		Unsecured	
Accounts and Notes Receivable		Accounts Payable (Including credit cards)	
Cash Surrender Value of Life Insurance (Schedule B)		Margin Accounts	
Residential Real Estate (Schedule C)		Notes Due: Partnership (Schedule D)	
Real Estate Investments (Schedule C)		Taxes Payable	
Partnerships/PC Interests/S Corporations (Schedule D)		Mortgage Debt (Schedule C)	
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts.		Life Insurance Loans (Schedule B)	
Deferred Income number of years deferred:		Other Liabilities (List):	
Personal Property (including automobiles)			
Sole Proprietorship Assets:			
Accounts Receivable			
Inventory			
Fixed Assets			
Other Assets (List):			
<b>TOTAL ASSETS</b>	<b>00</b>	<b>TOTAL LIABILITIES</b>	<b>0\$0.00</b>
		<b>NET WORTH</b>	<b>0\$0.00</b>

CONTINGENT LIABILITIES	ES	O	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 or 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"/>	
Are you obligated to pay alimony and/or child support?	<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:

Schedule A – All Securities (including Non-Money Market Mutual Funds)							
N o. of Shares (Stock) or Face Value (Bonds)	DESC RIPTION	OWNER(S)	WHER E HELD	COST	CURRENT MARKET VALUE	LEDGED	
						ES	O
<b>READILY MARKETABLE SECURITIES (INCLUDING U.S. GOVERNMENTS AND MUNICIPALS)*</b>							
<b>NON-READILY MARKETABLE SECURITIES (CLOSELY HELD, THINLY TRADED, OR RESTRICTED STOCK)</b>							

\* If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Schedule B—Insurance						
Life Insurance (use additional sheets 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—Partnerships and S Corporations (less than majority ownership for real estate partnerships)*						
Type of Investment	Date of Initial Investment	Cost	% Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Current Year Investments
<b>Business/Professional (indicate name)</b>						
<b>Investments (including tax shelters)</b>						

\*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-1's.

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:		YES	NO
1. Income Tax returns filed through (date): Are any returns currently being audited or contested? If so, what year?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy?  If Yes, please provide details:		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever drawn a will If Yes, please furnish the name of the executor(s) and year will was drawn:		<input type="checkbox"/>	<input type="checkbox"/>
4. Number of dependents (excluding self) and relationship to applicant:			
5. Do you live in a community property state?		<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever had a financial plan prepared for you?		<input type="checkbox"/>	<input type="checkbox"/>
7. Did you include two years federal and state tax returns?		<input type="checkbox"/>	<input type="checkbox"/>
8. Do (either of) you have a line of credit or unused credit facility at any other institution?  If so, please indicate where, how much and name of banker:		<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have ownership of an LLC, trust or other assets protection device?		<input type="checkbox"/>	<input type="checkbox"/>
10. Do you anticipate any substantial inheritances?  If yes, please explain:		<input type="checkbox"/>	<input type="checkbox"/>

### **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 creditworthiness 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.

Your Signature

\_\_\_\_\_  
Date

Co-Applicant's Signature (if you are requesting the financial accommodation jointly)

\_\_\_\_\_  
Date