

# PERSONAL FINANCIAL STATEMENT

As of \_\_\_\_\_ (Date)

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

NAME	BUSINESS PHONE
RESIDENCE ADDRESS	RESIDENCE PHONE
CITY, STATE, & ZIP CODE	
BUSINESS NAA4E OF APPLICANT/BORROWER	

LIABILITIES	(OMIT CENTS)	ASSETS	(OMITCENTS)
Accounts Payable	\$ _____	Cash on hand & in Banks	\$ _____
Notes Payable to Banks and Others (Describe in Section 2)	\$ _____	Savings Accounts	\$ _____
Installment Account (Auto)	\$ _____	IRA or Other Retirement Account	\$ _____
Mo. Payments \$ _____	\$ _____	Accounts & Notes Receivable	\$ _____
Installment Account (other)	\$ _____	Life Insurance-Cash Surrender	\$ _____
Mo. Payments \$ _____	\$ _____	Value Only (Complete Section 8)	\$ _____
Mortgages on Real Estate (Describe in Section 4)	\$ _____	Stocks and Bonds	\$ _____
Unpaid Taxes (Describe in Section 6)	\$ _____	(Describe in Section 3)	\$ _____
Other Liabilities (Describe in Section 7)	\$ _____	Real Estate	\$ _____
Total Liabilities	\$ _____	(Describe in Section 4)	\$ _____
Net Worth	\$ _____	Automobile-Present Value	\$ _____
		Other Personal Property	\$ _____
		(Describe in Section 5)	\$ _____
		Other Assets	\$ _____
		(Describe in Section 5)	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____

SECTION 1. Source of Income	Contingent Liabilities
Salary	As Endorser of Co-Maker
Net Investment Income	Legal Claims & Judgements
Real Estate Income	Provision for Federal Income
Other Income(Describe Below)*	Other Special Debt

Description of Other Income in Section 1.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 2.** Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

NAME AND ADDRESS OF NOTEHOLDER(S)	ORIGINAL BALANCE	CURRENT BALANCE	PAYMENT AMOUNT	FREQUENCY (MONTHLY, ETC.)	HOW SECURED OR ENDORSED TYPE F COLATERAL

\*Alimony or child support payments need not be disclosed in "other Income" unless it is desired to have such payments counted toward total income.

**SECTION 3. Stocks and Bonds**

NUMBER OF SHARES	NAME OF SECURITIES	COST	MARKET VALUE QUOTATION/ EXCHANGE	DATE OF QUOTATION/EXCHANGE	TOATL VALUE

**SECTION 4. Real Estate Owned** (List each parcel seperatly. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Title Holder			
Address of Property			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Pmnt per Month/Year			
Status of Mortgage			

**SECTION 5. Other Personal Property and Other Assests** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 6. Unpaid Taxes** (Describe in detail, as t type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 7. Other Liabilities** (Describe in detail)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 8. Life Insurance Held** (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize Lessor/Broker to make inquires as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - -  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - -