

Submitted to:



PERSONAL FINANCIAL STATEMENT

IMPORTANT: Read these directions before completing this Statement

- Individual - If you check this box, provide financial information only about yourself.
- Joint - With Relationship \_\_\_\_\_  
 - If you check this box, provide the joint party information on a separate personal financial statement

Section 1 - Individual Information (type or print)	Section 2 - Joint Party Information (type or print)
Name _____	Name _____
Address _____	Address _____
City, State & Zip _____	City, State & Zip _____
Social Security # _____	Social Security # _____
Date of Birth _____	Date of Birth _____
Position or occupation _____	Position or occupation _____
Business name _____	Business name _____
Business address _____	Business address _____
City, State & Zip _____	City, State & Zip _____
Length at present address _____	Length at present address _____
Length of employment _____	Length of employment _____
Res. phone _____ Bus. phone _____	Res. phone _____ Bus. phone _____
Cell phone _____ Email _____	Cell phone _____ Email _____
Have (either of) you or any firm in which you were a major owner ever declared bankruptcy, or settled any debts for less than the amounts owed in the last 10 years? If yes, please provide details on a separate sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are (either of) you a defendant in any suit or legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income tax return filed through what date? _____ / _____ / _____	
Are (either of) you presently subject to any unsatisfied judgements or tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets pledged other than described on the Schedules?	<input type="checkbox"/> Yes <input type="checkbox"/> No
When, if ever, have (either of) you been audited by IRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a partner or officer in any other venture? (If Yes - complete Schedule G)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 - Statement of Financial Condition			
Assets	Amount (In dollars)	Liabilities	Amount (In dollars)
<b>(Do not include assets of doubtful value)</b>			
Cash, Checking & Savings, CD's - see Schedule A		Notes payable to banks & others - see Schedule H	
U.S. Gov't. & marketable securities - see Schedule B		Amounts payable to others-secured	
Non-marketable securities - see Schedule C		Amounts payable to others-unsecured	
Real estate owned - see Schedule D		Accounts & bills due	
Notes & Accounts Receivable		Unpaid income tax	
Notes Due From Relatives & Friends		Other unpaid taxes & interest	
Automobiles & Personal Property		Real estate mortgages payable - see Schedule D & H	
Cash surrender value-life insurance - profit-sharing plans - see Schedule E		Notes payable to Relatives and Friends	
IRA and Tax Deferred Accounts - see Schedule F		Loans on Life Insurance Policies	
Business ventures - see Schedule G		Other Liabilities Due Within 1 Year - Itemize	
		Liens and Assessments Payable	
Other assets - Itemize		Other Debts - Itemize	
		<b>Total Liabilities</b>	
		<b>Net Worth</b>	
<b>Total Assets</b>		<b>Total Liabilities and Net Worth</b>	

Section 4 - Annual Income				
Annual income	Amount (In dollars)	Annual Expenditures	Amount (In dollars)	Contingent Liabilities
Salary, bonuses & commissions	\$	Mortgage/rental payments	\$	Do you have any... Yes No
Dividends & interest		Real estate taxes & assessments		Contingent liabilities (as endorser, co-maker or guarantor?)... <input type="checkbox"/> <input type="checkbox"/>
Real estate income (NET)		Taxes-federal, state & local		(On leases? on contracts?) <input type="checkbox"/> <input type="checkbox"/>
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.)		Insurance payments		Involvement in pending legal actions? <input type="checkbox"/> <input type="checkbox"/>
		Other contract payments (car payments, charge cards, etc.)		Contested income tax liens? <input type="checkbox"/> <input type="checkbox"/>
		Alimony, child support, maintenance		Any estimated capital gains tax on the unrealized asset appreciation? <input type="checkbox"/> <input type="checkbox"/>
		Other expenses		Other special debt or circumstances? <input type="checkbox"/> <input type="checkbox"/>
<b>Total Income</b>	\$	<b>Total Expenditures</b>	\$	If "yes" to any questions(s) describe an indicate amounts:

**SCHEDULE A - CASH, CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.**

Name of Financial Institution	Type of Account	Owner	(J)	If Pledged, to Whom?	Balance

**SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES** (Use additional sheet if necessary)

Number of Shares or Face Value of Bonds	Description	In Name of	Are these Registered, Pledged, or Held by Other?	Market Value	Exchanges Where Traded

**SCHEDULE C - NON-MARKETABLE SECURITIES** (Use additional sheet if necessary)

Number of Shares	Description	In Name of	Are these Registered, Pledged, or Held by Others?	Value	Method of Valuation

**SCHEDULE D - INVESTMENTS IN REAL ESTATE** (Use additional sheet if necessary)

Description/Location of Real Estate Investment	(J)	Date of Original Investment/amount	% Owned By You	Market Value of Your % of investment	Present Balance	Monthly Payment	Mortgage Maturity Date	Mortgage owned To

**SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE**

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loan Amount(s)	Cash Surrender Value

**SCHEDULE F - IRA AND TAX DEFERRED ACCOUNTS**

% Vested	Company Name	Account Number	Manner of Payout (Annuity, Lump Sum, etc.)	Distribution Date	Beneficiary	Amount

**SCHEDULE G - BUSINESS VENTURES** (Use additional sheets if necessary)

List Name and Address of Any Business Venture In which You Are a Principal or Partner	Your Position/ Title In the Business	Line of Business	Years in Business	Total Assets Listed in Section 3	Your % of Ownership	Net Worth of Business	Present Net Value of Your Investment

**SCHEDULE H - NOTES PAYABLE**

Owing to	(J)	Date of Original Borrowing/Amount	Present Balance	Due	Monthly Payment	Date of Final Pay't	Secured by

The information contained in this statement is 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 be herein 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. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date signed \_\_\_\_\_ Signature (individual) \_\_\_\_\_

Date signed \_\_\_\_\_ Signature (other party) \_\_\_\_\_