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CONFIDENTIAL PERSONAL
 FINANCIAL STATEMENT

PRINCIPAL/OFFICER INFORMATION				
NAME		DATE OF BIRTH	SOCIAL SECURITY #	
HOME ADDRESS (no PO Box or PMB addresses)		CITY	STATE	ZIP
RENT or OWN	YEARS AT THIS ADDRESS	MARITAL STATUS	# OF DEPENDENTS	HOME PHONE #
Financial Related Questions:		If the answer is ' YES ' then please explain.		
Have you ever declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been a principal of a company that declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever had a judgment against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you presently subject to any <u>unsatisfied</u> judgments or tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a party to any suit or legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a Guarantor, Co-signor or Endorser on anyone's debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a partner, officer, or owner in any other business?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any pending loan/lease applications with any other lenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are any of your assets owned by a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are any of your assets pledged or in any other manner unavailable?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT	
Annual Salaries, Bonuses & Commissions		Annual Mortgage & Rental Payments		
Annual Dividends & Interest		Annual Real Estate Taxes & Assessments		
Annual Gross Real Estate Income		Annual Federal & State Income Tax		
Other Income- Itemized (Alimony, child support or maintenance need not be listed unless you wish it to be considered for granting credit.)		Annual Car, Credit Card, etc... payments		
		Annual Insurance Premiums		
		Annual Living Expenses (food, utilities, etc)		
		Annual Other Expenditures		
TOTAL ANNUAL INCOME	\$	TOTAL ANNUAL EXPENDITURES	\$	

STATEMENT OF FINANCIAL CONDITION AS OF:

(____ / ____ / ____)

TOTAL ASSETS	AMOUNT	TOTAL LIABILITIES	AMOUNT
Cash on hand		Mortgages – balance (Schedule 1)	
Cash in Banks, Savings & Loans, etc...		Home Equity Line of Credit (Schedule 3)	
Retirement Accounts - market value		Bank Notes – balance (Schedule 3)	
Real Estate Owned (Schedule 1)		Other Notes – balance (Schedule 3)	
Listed Securities (Schedule 2)		Credit Cards – balance (Schedule 3)	
Unlisted Securities (Schedule 2)		Automobile Loans – balance (Schedule 3)	
Accounts, Loans, & Notes Receivable		Loans on Life Insurance (Schedule 4)	
Life Insurance - cash value (Schedule 4)		Due to Brokerages (margin account)	
Automobiles & Vehicles – market value		Federal & State Income Taxes Payable	
Other Personal Property (Schedule 5)		Real Estate Taxes Payable	
Other Assets – (Schedule 5)		Other Liabilities (Schedule 5)	
		TOTAL LIABILITIES	\$
		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES + NET WORTH	\$

SCHEDULE 1 – REAL ESTATE (Personal and Investment)

	Property A	Property B	Property C
Type of Property			
Street Address			
City, State, Zip			
Title in Name of			
Date Acquired			
Original Cost	\$	\$	\$
Present Market Value	\$	\$	\$
Mortgage Balance	\$	\$	\$
Monthly Payment	\$	\$	\$
Mortgage Holder			
Maturity Date			

SCHEDULE 2 – LISTED & UNLISTED (US Governments, Stocks, Bonds, & Business Interests)

# Shares or Face Value	Listed or Unlisted	Description	Issued in name of	Pledged?	Market Value
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<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					\$

SCHEDULE 3 – NOTES PAYABLE TO BANKS & OTHERS

Name of Lender	Loan Type	Secured by what Asset	Maturity Date	Credit Limit/ Original Bal.	Current Balance	Monthly Payment
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

SCHEDULE 4 – LIFE INSURANCE CARRIED (including group insurance)

Life Insurance Company	Face Amount	Cash Surrender Value	Policy Loans	Beneficiary
	\$	\$		
	\$	\$		

SCHEDULE 5 – DETAILS RELATIVE TO OTHER IMPORTANT ASSETS & LIABILITIES

Other Assets	Other Liabilities

REPRESENTATIONS AND WARRANTIES

The foregoing information is submitted for the purpose of obtaining credit with you, your designee, or any potential assignee thereof (Lender) either in my name or in the name of a corporation or other entity in whose behalf I either severally or jointly with others, may execute a guaranty in your favor. I understand that Lender is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant credit. I hereby represent and warrant to Lender that the information provided is true and complete as of the date prepared and fairly represents my financial condition. I agree that if any material change(s) occur(s) in my financial condition, including transfer of any assets into a trust, that I will immediately notify said Lender of said change(s) and unless said Lender is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my financial condition. I authorize Lender to make whatever inquiries about me it deems necessary to verify the accuracy of the statements made herein and to determine my credit worthiness, including obtaining credit bureau reports. I also authorize Lender to provide credit information about their credit experience with me to other creditors and credit reporting agencies. I understand that it is a federal crime, punishable by fine or imprisonment or both, to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014. A photo static or facsimile copy of this financial statement shall be valid as the original.

Name of Applicant (print):	Signature: X _____	Date:
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