

PERSONAL FINANCIAL STATEMENT

<input type="checkbox"/> Individual credit	<input type="checkbox"/> Joint Credit
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TO:

SECTION 1 – INDIVIDUAL INFORMATION (Type or Print)	SECTION 2 – OTHER PARTY INFORMATION (Type or Print)
Name	Name
Residence Address	Residence Address
City, State & Zip	City, State & Zip
Position or occupation	Position or occupation
Business Name	Business Name
Business Address	Business Address
City, State & Zip	City, State & Zip
Res. Phone [Bus. Phone	Res. Phone [Bus. Phone
S.S. No [Date of Birth	S. S. No [Date of Birth

SECTION 3 – STATEMENT OF FINANCIAL CONDITION AS OF

ASSETS (Do Not include Assets of doubtful value)	IN DOLLARS (Omit cents)	LIABILITIES	IN DOLLARS (Omit cents)
Cash on hand in banks	\$	Notes Payable to banks- secure	\$
U.S. Govt & Marketable Securities (see Schedule A)		Notes Payable to banks – unsecured	
Non-Marketable Securities (see Schedule B)		Notes payable to relatives	
Real Estate owned (see Schedule C)		Unpaid taxes	
Notes Receivable		Real Estate Mortgages payable (see Schedule C)	
Furniture & Fixtures		Other debts (see Schedule E)	
Automobiles			
Cash Value – Life Insurance (see Sched. D)			
Other Assets – Itemize:			
		TOTAL LIABILITIES	\$
		NET WORTH	\$
Total Assets	\$	TOTAL LIABILITIES AND NET WORTH	\$
SOURCES OF INCOME FOR YEAR ENDED		PERSONAL INFORMATION (Give Details on back)	
Salary, bonuses & commissions	\$	Do you have a will <input type="checkbox"/> Yes <input type="checkbox"/> No If so, name of executor:	
Dividends		Are you a partner or an officer in any venture? If so, describe: <input type="checkbox"/> See back	
Real Estate Income		Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe:	
TOTAL	\$	Are any assets pledged other than as described on schedules? If so, describe:	
CONTINGENT LIABILITIES		Income tax settled through (date):	
Do you have any contingent Liabilities? If so, describe:		Are you a defendant in any suits or legal actions?	
As Endorser, Co-maker or Guarantor?		Personal Bank accounts carried at:	
On leases or contracts?		Have you ever been declared bankrupt in the last 14 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Claims			
Other Special debt			

SCHEDULE A – U.S. GOVERNMENT & MARKETABLE SECURITIES

NUMBER OF SHARES OR FACE VALUE (BONDS)	DESCRIPTION	IN NAME OF	ARE THESE PLEDGED?	MARKET VALUE

SCHEDULE B – NON-MARKETABLE SECURITIES

NUMBER OF SHARES	DESCRIPTION	IN NAME OF	ARE THESE PLEDGED?	SOURCE OF VALUE	VALUE

SCHEDULE C – REAL ESTATE OWNED

ADDRESS & TYPE OF PROPERTY	TITLE IN NAME OF	DATE ACQUIRED	COST	MARKET VALUE	MORTGAGE MATURITY	MORTGAGE AMOUNT

SCHEDULE D – LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

NAME OF INSURANCE COMPANY	OWNER OF POLICY	BENEFICIARY	FACE AMOUNT	POLICY LOANS	CASH SURRENDER VALUE

SCHEDULE E – OTHER DEBTS

NOTES AND ACCOUNTS OWED BY ME TO:	CURRENT AMOUNT	PAYMENT	DESCRIPTION OF SECURITY PLEDGE

ADDITIONAL PERSONAL INFORMATION

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The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us. The undersigned acknowledge(s) receipt of a copy of this instrument.

DATE:		
SIGNATURE (INDIVIDUAL)	SIGNATURE (OTHER PARTY)	

