

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.)

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.)

SECTION 7. Other Liabilities (Describe in detail)

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

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: _____ - -