

PERSONAL FINANCIAL STATEMENT

DATE _____, 20____

Important: Please read these directions before completing this statement. This financial statement is useful in your financial planning. We encourage you to copy it for your permanent records. Please begin by completing SCHEDULES on pages 2, 3 & 4.

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except Section 2.
- If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about joint applicant.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections, providing information in Section 2 about the person on who alimony, support or maintenance payments or income or assets you are relying.
- If this statement relates to your guaranty of the indebtedness of other person(s) or corporation(s), complete all Sections.

SECTION 1 INDIVIDUAL			SECTION 2 OTHER PARTY		
Name(First,Middle,Last)	Date of Birth	Education Yrs.	Name(First,Middle,Last)	Date of Birth	Education Yrs.
Present Address: Street	Number of Years:		Present Address: Street	Number of Years:	
City/State/Zip	___ Own	___ Rent	City/State/Zip	___ Own	___ Rent
Former address if less than 2 years at present address Street			Former address if less than 2 years at present address Street		
City/State/Zip			City/State/Zip		
Years at former address			Years at former address		
Marital ___ Married ___ Separated Status ___ Unmarried (incl. Single, Divorced, Widowed)	Dependents other than listed by other party No. _____ Ages _____		Marital ___ Married ___ Separated Status ___ Unmarried (incl. Single, Divorced, Widowed)	Dependents other than listed by other party No. _____ Ages _____	
Name and Address of Employer	Years employed in this line of Work or Profession? _____ yrs. Years on this job _____ Self Employed _____		Name and Address of Employer	Years employed in this line of Work or Profession? _____ yrs. Years on this job _____ Self Employed _____	
Position/Title	Type of Business		Position/Title	Type of Business	
Social Security Number	Home Phone ()	Business Phone ()	Social Security Number	Home Phone ()	Business Phone ()
SECTION 3 ASSETS (OMIT CENTS)			LIABILITIES (OMIT CENTS)		
Cash on Deposit	Sch A		Notes Payable to Financial Institutions & Others	Sch J	
Notes and Loans Receivable	Sch B		Loans Secured by Real Estate	Sch F	
Other Accounts Due Me	Sch B		Life Insurance Policy Loans	Sch E	
Gov't Securities, Stocks, Bonds, Mutual Funds	Sch C		Credit Card & Other Open-end Debt	Sch K	
Other Marketable Securities	Sch C		Other Accounts & Bills Payable	Sch L	
Partnership and Proprietorship Interests	Sch D		Due to Brokers in Margin Accounts	Sch L	
Cash Surrender Value Life Insurance	Sch E		Taxes (Federal, State, Local) Due and Unpaid		
Real Estate Fair Market Value	Sch F		Others		
Partial Interest in Real Estate Equities	Sch G				
Vested Pension, Retirement Funds	Sch H				
IRA, Keough, SEP Plans	Sch H				
Other Personal Assets	Sch I				
Miscellaneous					
				TOTAL LIABILITIES	
				NET WORTH	
	TOTAL ASSETS			TOTAL LIABILITIES and NET WORTH	
ALL CONTINGENT LIABILITIES (Please utilize a separate schedule if necessary)					
NATURE OF LIABILITY	DESCRIPTION		AMOUNT		
Liabilities as General/Managing Partner					
Liabilities as Co-Maker					
Liabilities as Endorser or Guarantor					
Liabilities on Leases and Contracts					
Liabilities on Letters of Credit					
Contested Tax Lien					
Involvement in pending Legal Actions, Claims, Judgements, Etc.					

SCHEDULE F: REAL ESTATE OWNED

Parcel No.	Address & Description of Improvements	Year Acquired	Cost	Assessed /Appraised Value	Registered Title Owner	Est. Fair Market Value
1.				Who Date Amount		
2.						
3.						
4.						
5.						

Fair Market Value **TOTAL:**

Parcel No.	Mortgage Deed of Trust or Other Liens	Lien Holder	Original Amt.	Loan Bal.	Int. Rate	Amt Payable per month	Rental Income
1.	1 st						
	2 nd						
2.	1 st						
	2 nd						
3.	1 st						
	2 nd						
4.	1 st						
	2 nd						

Loans Secured by Real Estate **TOTAL:**

SCHEDULE G: PARTIAL INTEREST IN REAL ESTATE EQUITIES

Parcel No.	Address & Description of Improvements	Year Acquired	(A) Assessed or Appraised Value	(B)Mortgages Outstanding	(C) Equity A+B=C
1.					
2.					
3.					

Parcel No.	(D) Percentage Ownership	(E) Equity Percentage CXD=E	Recourse (G) General Partnership (L) Limited Partnership (C) Corporation	Partnership or Corporation Name
1.				
2.				
3.				

TOTAL:

SCHEDULE H: VESTED PENSIONS,RETIREMENT FUNDS,IRAS,KEOGHS,SEPS **SCHEDULE I: OTHER PERSONAL ASSETS (AUTOS, ETC.)**

Description	Amount	Description	Amount
	TOTAL:		TOTAL:

SCHEDULE J: NOTES PAYABLE TO FINANCIAL INSTITUTIONS AND OTHERS

Due to Whom	Maximum Amount	Amount Outstanding	How Payable	Maturity	Collateral Pledged
	TOTAL:				

