

# PERSONAL FINANCIAL STATEMENT

**CONFIDENTIAL**

To: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Personal Financial Statement as of \_\_\_\_\_ (DATE)

APPLICANT'S NAME(S): \_\_\_\_\_  
 \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HOME PHONE \_\_\_\_\_

Read directions before completing Financial Statement.  
 Please check appropriate box

Individual credit—If relying on your own income and assets and not the income and assets of a spouse or another person as a basis for extension or repayment or credit, complete the Financial Statement below only as it applies to you, individually. Do not provide any information about a spouse or other person. Sign the Financial Statement.

Joint Credit      If applying for joint credit or for individual credit relying on income or assets of a spouse or another person for extension and repayment of credit requested, complete the Financial Statement below. Include information about income, assets and liabilities of the spouse or other person. Both Applicant and Spouse or Co-Applicant sign this statement.

Individual relying upon income or assets of spouse or other person.

Please do not leave any questions unanswered. Use "no" or "none" where necessary.

<i>Assets</i>	<i>In Even Dollars</i>	<i>Liabilities and Net Worth</i>	<i>In Even Dollars</i>
Cash on hand and in Banks—See Schedule A	\$	Notes Payable: This Bank—See Schedule A	\$
U.S. Government Securities—See Schedule B		Notes Payable: Other Institutions—See	
Listed Securities—See Schedule B		Schedule A	
Unlisted Securities—See Schedule B		Notes Payable—Relatives	
Other Equity Interests—See Schedule B		Notes Payable—Others	
Accounts and Notes Receivable		Accounts and Bills Due	
Real Estate Owned—See Schedule C		Unpaid Taxes	
Mortgages and Land Contracts Receivable— See Schedule D		Real Estate Mortgages Payable—See Schedule C or D	
Cash Value Life Insurance—See Schedule E		Land Contracts Payable—See Schedule C or D	
Other Assets: Itemize		Life Insurance Loans—See Schedule E	
		Other Liabilities: Itemize	
		<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b>	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

<i>Sources of Income</i>	<i>In Even Dollars</i>	<i>General Information</i>	
Salary	\$	Employer	
Bonus and Commissions		Position or Profession	No. Years
Dividends		Employer's Address	
Real Estate Income			Phone No.
*Other Income: Itemize		Partner, officer or owner in any other venture? <input type="checkbox"/> No <input type="checkbox"/> Yes	
		If so, explain:	
<b>TOTAL</b>	\$		
*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding.		Are any assets pledged? <input type="checkbox"/> No <input type="checkbox"/> Yes Detail in Schedule A	
		Income taxes settled through (Date)	
<i>Contingent Liabilities</i>	<i>In Even Dollars</i>	<i>General Information (continued)</i>	
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes	
On leases		If so, explain:	
Legal claims		Have you ever taken bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Provision for federal income taxes		If so, explain:	
Other special debt, e.g., recourse or repurchase liability		Do you have a will? <input type="checkbox"/> No <input type="checkbox"/> Yes With whom?	
		Do you have a trust? <input type="checkbox"/> No <input type="checkbox"/> Yes With whom?	
<b>TOTAL</b>	\$	Number of dependents _____ Ages _____	

**Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions.** List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

Name of Institution	Name on Account	Balance on Deposit	High Credit	Amount Owning	Monthly Payment	Secured by What Assets
<b>TOTAL</b>			<b>TOTAL</b>			

**Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)**

Number of Shares, Face Value (Bonds), or % of Ownership	Indicate: 1. Agency or name of company issuing security or name of partnership 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation*	In Name of	*Market Value	Pledged	
				Yes	No
<b>TOTAL</b>					

\*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

**Schedule C: Real Estate Owned (and related debt, if applicable)**

Description of Property or Address	Title in Name Of	Date Acq.	Cost + Improvements	Present Mkt. Value	Mortgage or Land Contract Payable		
					Bal. Owning	Mo. Payt.	Holder
<b>TOTAL</b>							

**Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)**

Description of Property or Address	Title in Name Of	Date Acq.	Balance Receivable	Monthly Payment	Mortgage or Land Contract Payable		
					Bal. Owning	Mo. Payt.	Holder
<b>TOTAL</b>							

**Schedule E: Life Insurance Carried**

Name of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary
<b>TOTAL</b>				

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf I undersigned may either severally or jointly with others, execute a guaranty in your favor. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we 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/our financial condition. I/we authorize you to make whatever credit inquiries you deem necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to the Lender any information that it may have or obtain in response to such credit inquiries. You are authorized to answer questions about your credit experience with me/us. I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state. I/we fully 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.

Applicant's Signature	Date	Social Security Number	Date of Birth
Co-Applicant's Signature	Date	Social Security Number	Date of Birth