



**PERSONAL FINANCIAL STATEMENT AS OF \_\_\_\_\_**

PERSONAL INFORMATION					
<b>APPLICANT (NAME)</b>			<b>CO-APPLICANT (NAME)</b>		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.	No. of Years With Employer	Title/Position	Business Phone No.	No. of Years With Employer	Title/Position
Home Address			Home Address		
Home Phone No.	Social Security No.	Date of Birth	Home Phone No.	Social Security No.	Date of Birth
Drivers License No.	State		Drivers License No.	State	

Balance Sheet as of _____			
ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
Cash in this Bank		Notes Payable to this Bank	X X X
(including money market accounts, CDs)	\$	Secured	\$
Cash in Other Financial Institutions (List)		Unsecured	
(including money market accounts, CDs)		Notes Payable to Others (Schedule E)	X X X
Readily Marketable Securities (Schedule A)		Secured	
Non-Readily marketable Securities (Schedule A)		Unsecured	
Accounts and Notes Receivable		Accounts Payable (including credit cards)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Margin Accounts	
Residential Real Estate (Schedule C)		Notes Due: Partnership (Schedule D)	
Real Estate Investments (Schedule C)		Taxes Payable	
Partnerships/PC Interests (Schedule D)		Mortgage Debt (Schedule C)	
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts.		Life Insurance Loans (Schedule B)	
Deferred Income		Other Liabilities (List):	
(number of years deferred _____)			
Personal Property (including automobiles)		<b>TOTAL LIABILITIES</b>	
Other Assets (List):		<b>NET WORTH</b>	
	\$		\$

CONTINGENT LIABILITIES	YES	NO	AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Do you have any outstanding letters of credit or surety bonds, suits or legal actions against you?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are any of your tax obligations past due?	<input type="checkbox"/>	<input type="checkbox"/>	_____
What would be your total estimated tax liability if you were to sell your major assets?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes for any of the above, give details: _____			

Schedule A – All Securities (including portfolio statements as attachments)							
No. of Shares (Stock) or Face Value (Bonds)	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEGGED	
						YES	NO
READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals)*							
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock)							
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

\* If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Schedule B – Insurance Life Insurance (use additional sheet if necessary)						
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Schedule C – Personal Residence & Real Estate Investment, Mortgage Debt (majority ownership only)									
PERSONAL RESIDENCE Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						
INVESTMENT Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

Schedule D – Partnerships (less than majority ownership for real estate partnerships)*							
Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date	
Business/Professional (Indicate name):							
Investments (Including Tax Shelters):							

\* **Note:** For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s.

Schedule E – Notes Payable								
Due to	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

**Please Answer The Following Questions:**

1. Income tax returns filed through (date): \_\_\_\_\_ Are any returns currently being audited or contested?  Yes  No  
If yes, what year(s)? \_\_\_\_\_

2. Have (either of) your or any firm in which you were a major owner ever declared bankruptcy?  Yes  No  
If yes, please provide details: \_\_\_\_\_

**Representations and Warranties**

The information continued in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may give on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Your Signature**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Co-Applicant's Signature (if you are requesting the financial accommodation jointly)**