



**PERSONAL FINANCIAL STATEMENT**

**Date**

Applicant (Name)			Co-Applicant (Name)		
Address of Employer			Address of Employer		
Business Phone #	# of Yrs. with Employer	Title/Position	Business Phone #	# of Yrs. with Employer	Title/Position
Name of previous employer & position (if with current employer for less than 3 years)		# of Years	Name of previous employer & position (if with current employer for less than 3 years)		# of Years
Home Address			Home Address		
Home Phone #	Social Security #	Date of Birth	Home Phone #	Social Security #	Date of Birth
Name and Phone # of your Accountant			Name and Phone # of your Accountant		
Name and Phone # of your Attorney			Name and Phone # of your Attorney		
Name and Phone # of your Investment Advisor/Broker			Name and Phone # of your Investment Advisor/Broker		
Name and Phone # of your Insurance Advisor			Name and Phone # of your Insurance Advisor		

Cash Income & Expenditures Statement for Year Ended \_\_\_\_\_ (Omit cents)

Annual Income	Amount (\$)	Annual Expenditures	Amount (\$)
Salary (applicant)		Federal Income and Other Taxes	
Salary (co-applicant)		State Income and Other Taxes	
Bonuses & Commissions (applicant)		Rental Payments, Co-op, or Condo Fees	
Bonuses & Commissions (co-applicant)		Mortgage Payments	
Rental Income		Property Taxes	
Interest Income		Interest & Principal Payments on Loans	
Dividend Income		Insurance	
Capital Gains		Investments (including tax shelters)	
Partnership Income		Alimony/Child Support	
Other income (list)**		Tuition	
		Other living expense	
		Medical Expense	
		Other Expense (list)	
<b>TOTAL INCOME</b>	\$ -	<b>TOTAL EXPENDITURES</b>	\$ -

Any significant changes expected in the next 12 months?  YES  NO (If yes, attach information.)

**NOTE:** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish you do not wish to have it considered as a basis for repaying this obligation.

# Balance Sheet

Date \_\_\_\_\_

ASSETS	AMOUNT (\$)	LIABILITIES	AMOUNT (\$)
Cash in this Bank (including money market, Cds)		Notes Payable to this Bank	
Cash in other Financial Institutions (List (including money market, Cds)		Secured	
		Unsecured	
		Notes Payable to Others (Schedule E)	
		Secured	
Readily Marketable Securities (Schedule A)		Unsecured	
Non-Readily Marketable Securities (Schedule A)		Accounts Payable (including Credit Cards)	
Accounts and Notes Receivable		Margin Accounts	
Net Cash Surrender Value of Life Insurance (Schedule B)		Notes Due: Partnership (Schedule D)	
Residential Real Estate (Schedule C)		Taxes Payable	
Real Estate Investments (Schedule C)		Mortgage Debt (Schedule C)	
Partnership / PC Interests (Schedule D)		Life Insurance Loans (Schedule B)	
IRA, Keogh, Profit-Sharing & Other Vested Retirement acct.		Other Liabilities (List):	
Deferred Income (No. of Years deferred _____)			
Personal Property (including automobiles)			
Other Assets (List):			
		<b>Total Liabilities</b>	
		<b>Net Worth</b>	
	<b>\$</b>		<b>\$</b>

CONTINGENT LIABILITIES	YES / NO	AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual corporation, or partnership?		
Do you have any outstanding letters of credit or surety bonds?		
Are there any suits or legal actions pending against you?		
Are you contingently liable on any lease or contract?		
Are any of your tax obligations past due?		
What would be your total estimated tax liability if you were to sell your major assets?		
If Yes for any of the above, give details		

## Schedule A - All Securities (including non-money market mutual funds)

NO. of SHARES (Stock) or FACE VALUE (Bond)	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEGGED YES / NO
<b>READILY MARKETABLE SECURITIES ( including U.S. Government and Municipals)*</b>						
<b>NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock)</b>						

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

<b>Schedule B - Insurance</b>						
<b>Life Insurance</b> (use a additional sheet if necessary)						
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

<b>Disability Insurance</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Monthly Distribution if Disabled		
Number of Years Covered		

<b>Schedule C - Personal Residence &amp; Real Estate Investments, Mortgage Debt (majority ownership only)</b>								
<b>Personal Residence</b>	Legal Owner	Purchase Year Price	Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
Property Address								
<b>Investment</b>	Legal Owner	Purchase Year Price	Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
Property Address								

<b>Schedule D - Partnerships ( less than majority ownership for real estate partner ships)*</b>						
Type of Investments	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.

<b>Schedule E - Notes Payable</b>							
Due to	Type of Facility	Amount of Line	Secured Yes NO	Collateral	Interest Rate	Maturity	Unpaid Balance

**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) you or any firm in which you were a major owner ever declared bankruptcy? \_\_\_Yes \_\_\_No  
If yes, provide details: \_\_\_\_\_
3. Have you drawn a will? \_\_\_Yes \_\_\_No  
If yes, please furnish the name of the executor(s) and year the will was drawn: \_\_\_\_\_
4. Number of dependents (excluding self) and relationship to applicant: \_\_\_\_\_
5. Have you ever had a financial plan prepared for you? \_\_\_Yes \_\_\_No
6. Did you include two years of federal and state tax returns? \_\_\_Yes \_\_\_No
7. Do (either of) you have a line of credit or unused credit facility at any other institutions(s)? \_\_\_Yes \_\_\_No  
If so, please indicate where, how much, and name of banker: \_\_\_\_\_
8. Do you anticipate any substantial inheritances? \_\_\_Yes \_\_\_No  
If yes, please explain: \_\_\_\_\_

**Representations and Warranties**

The information contained 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 have 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)