

# Personal Financial Statement

Personal Financial Statement as of \_\_\_\_\_

If statement is joint please complete the following

## Individual 1

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Hm Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_

## Individual 2

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Hm Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_

NOTE: If there is a joint party to this financial statement who is either borrowing or guaranteeing the credit under consideration, the columns titled "Solely Owned-Individual 2" and "Solely Liable-Individual 2" must be filled out.

Assets		Solely Owned		Jointly Owned	Total
		Individual 1	Individual 2		
Cash (Includes CD's, Money Markets) Schedule 1		0			0
Government & Readily Marketable Securities Schedule 2		0			0
Non-Marketable Securities Schedule 3		0			0
Notes and Accounts Receivable		0			0
Cash Value of Life Insurance Schedule 4		0			0
Personal Residence(s) Schedule 5		0			0
Other Real Estate Schedule 5		0			0
Personal Property		0			0
IRA's, Keoughs & Other Qualified Plans		0			0
Other Assets		0			0
<b>Total Assets</b>		0	0	0	0
Liabilities		Solely Liable		Jointly Liable	Total
		Individual 1	Individual 2		
Notes Payable to Banks-Secured Schedule 6		0			0
Notes Payable to Banks-Unsecured Schedule 6		0			0
Notes Payable to Others-Secured Schedule 6		0			0
Notes Payable to Others-Unsecured Schedule 6		0			0
Margin Accounts		0			0
Accounts Payable (Include Credit Cards)		0			0
Real Estate Mortgages Payable Schedule 5		0			0
Taxes Payable		0			0
Loans on Life Insurance Policies Schedule 4		0			0
Other Liabilities		0			0
<b>Total Liabilities</b>		0	0	0	0
<b>Net Worth</b>		0	0	0	0
Contingent Liabilities		Individual 1	Individual 2	Joint	Total
As Guarantor of Endorser		0			0
On Leases or Contracts		0			0
For legal Claims or Judgements		0			0
Tax Claims or Disputes		0			0
Letters of Credit		0			0
Future Capital Contributions		0			0
Other		0			0
<b>Total Contingent Liabilities</b>		0	0	0	0

Note: Contingent Liabilities Schedule must be completed. If none, then write "NONE" on schedule.

Sources of Cash Income			Monthly Expenditures		
For the Year Ended:	Individual 1	Individual 2	For the Year Ended:	Individual 1	Individual 2
Wages and Salaries	0		Mortgage/Rent-Residence(s)	0	
Bonuses Commissions, etc.	0		All Other Debt Service	0	
Interest & Dividends	0		State & Federal Income Taxes	0	
Rental Income (net of expense)	0		Insurance	0	
Partnership draws, distributions	0		Alimony	0	
Other	0		Other	0	
<b>Total Cash Income</b>	\$0	\$0	<b>Total Monthly Expense</b>	\$0	\$0

If the space provided is not sufficient, additional schedules may be attached.

### Schedule 1 - Cash

Name and Location of Institution	Account Type and Number	Balance	Owned By	Pledged?

### Schedule 2 - Government and Readily Marketable Securities

Face Value of Shares	Owned By	Description	Cost	Current Market Value	Amount Pledged
					0
					0
					0
					0
					0

### Schedule 3 - Non-Marketable Securities

Face Value of Shares	% of Total Shares	Owned By	Description	Current Market Value	Amount Pledged
					0
					0
					0
					0

**Schedule 4 - Life Insurance**

Insurance Company	Owned By	Beneficiary	Face Value	Cash Value	Policy Loans	Amount Pledged
			0	0	0	0
			0	0	0	0

**Schedule 5 - Real Estate** (If partially owned, give total property information, not your share)

Description & Location	Owned By	%	Date Acquired	Cost	Value	Mortgage Balance	Monthly Payment	Net Yearly Cash Flow*

\* Defined as total cash income less Debt Service, Taxes and Other Cash Expenses

**Schedule 6 - Notes Payable** (Exclude debt reported in Schedule 5)

Name and Address of Note Holder	Obligor	Type of Loan	Current Balance	Monthly Payment	Collateral

**Note: Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for obtaining credit.**

Number of dependents: 0 Ages of dependents: \_\_\_\_\_  
 Have you drawn a will? \_\_\_\_\_ Executor/trix: \_\_\_\_\_  
 Are you a defendant in any suits or legal actions? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
 Have you ever filed a petition in bankruptcy or has one been filed individually against you? \_\_\_\_\_  
 Are you an executive officer, director or principal shareholder of a bank? \_\_\_\_\_ Bank: \_\_\_\_\_

Signature and Date \_\_\_\_\_ Signature and Date (other party if joint) \_\_\_\_\_