

PERSONAL FINANCIAL STATEMENT

As of _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name(s)		Business Phone
Residence Address		Residence Phone
City	State	ZIP
Business Name of Applicant/Borrower		

ASSETS	
	(Omit Cents)
Cash on hands & in Banks.....	\$ _____
Savings Accounts.....	\$ _____
IRA or Other Retirement Account.....	\$ _____
Accounts & Notes Receivable.....	\$ _____
Life Insurance--Cash Surrender Value Only.....	\$ _____
(Complete Section 8)	
Stocks & Bonds.....	\$ _____
(Describe in Section 3)	
Real Estate.....	\$ _____
(Describe in Section 4)	
Automobile--Present Value.....	\$ _____
Other Personal Property.....	\$ _____
(Describe in Section 5)	
Other Assets.....	\$ _____
(Describe in Section 5)	
Total	\$ _____

LIABILITIES	
	(Omit Cents)
Accounts Payable.....	\$ _____
Notes Payable to Banks and Others.....	\$ _____
(Describe in Section 2)	
Installment Account (Auto).....	\$ _____
Mo. Payments _____	
Installment Account (Other).....	\$ _____
Mo. Payments _____	
Loan on Life Insurance.....	\$ _____
Mortgages on Real Estate.....	\$ _____
(Describe in Section 4)	
Unpaid Taxes.....	\$ _____
(Describe in Section 6)	
Other Liabilities.....	\$ _____
(Describe in Section 7)	
Total Liabilities.....	\$ _____
Net Worth.....	\$ _____
Total.....	\$ _____

Section 1. Source of Income	
Salary.....	\$ _____
Net Investment Income.....	\$ _____
Real Estate Income.....	\$ _____
Other Income (Describe below)*.....	\$ _____

Contingent Liabilities	
As Endorser or Co-Maker.....	\$ _____
Legal Claims & Judgments.....	\$ _____
Provision for Federal Income Tax.....	\$ _____
Other Special Debt.....	\$ _____

Description of Other Income in Section 1.	
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* Alimony or child support need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

[illegible]

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Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Names of Securities	Cost(\$)	Market Value(\$) Quotation/Exchange	Date of Quotation/Exchange	Total Value(\$)

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)				
	Property A	Property B	Property C	Property D
Type of Property				
Address				
Percent Interest in property				
Date Purchased				
Original Cost (x % interest)				
Present Mkt Value (x % interest)				
Name & Address of Mortgage Holder				
Mortgage Account Number				
Mortgage Balance (x % interest)				
Amt of Pmt./Mo. (x % interest)				
Rental Income/Mo. (if applicable)				
Status of Mortgage				

Section 5. Other Personal Property and Other Assets.	(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail as to type, to whom payable, when due, amount and to what property, if any, a tax lien attaches).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries).			
Company	Face Amount	Cash Value	Beneficiary

I authorize Lender/Broker and/or any of its agents, employees and lending partners in connection to making the commercial loan to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001)		
Signature: _____	Date: _____	Social Security No.: _____
Signature: _____	Date: _____	Social Security No.: _____