

PERSONAL FINANCIAL STATEMENT

Submitted To: _____

Date: _____

IMPORTANT: Read these directions before completing this Statement

- If you are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of another person as the basis for repayment of the credit requested or if this statement relates to your guaranty of the indebtedness of other person (s), firm(s), or corporation(s), complete only Sections 1, 3 and 4.
- If you are applying for individual credit but are relying on income from alimony, child support, separate maintenance, or on the income or assets of another person as a basis for repayment of the credit requested complete all sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income, need not be revealed if you do not wish to have it considered as a basis for repaying this obligation

Section 1 - Individual Information

Name:	
Address:	
City, State & Zip	
Social Security #	
Date of Birth	
Position or Occupation	
Business Name	
Business Address	
City, State & Zip	
Length at present address	
Length of Employment	
Res. Phone	
Bus. Phone	

Section 2 - Other Party Information

Name:	
Address:	
City, State & Zip	
Social Security #	
Date of Birth	
Position or Occupation	
Business Name	
Business Address	
City, State & Zip	
Length at present address	
Length of Employment	
Res. Phone	
Bus. Phone	

Have (either of) you or any firm in which you were a major owner ever declared bankruptcy, or settled any debts for less than the amounts owed? If yes, please provide details on a separate sheet.

Are (either of) you a defendant in any suit or legal action?

Are (either of) you presently subject to any unsatisfied judgments or tax liens?

When, if ever, have (either of) you been audited by the IRS?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Section 3 - Statement of Financial Condition as of:

Date: _____

Assets (Do not include asset of doubtful value)	In dollars (omit cents) Individual	Joint	If joint, with whom	Liabilities	In dollars (omit cents) Individual	Joint	If joint, with whom
Cash, Checking & Savings, CD's - See Schedule A				Notes payable to banks & others - See Schedule H			
U.S. Gov't & marketable securities - See Schedule B				Due to brokers			
Non-marketable securities - See Schedule C				Amounts payable to others - secured			
Securities held by broker in margin accounts				Amounts payable to others - unsecured			
Restricted, control or margin account stocks				Accounts & bills due			
Real estate owned - See Schedule D				Unpaid income tax			
Accounts, loans, & notes receivable				Other unpaid taxes and interest			
Automobiles				Real Estate mortgages payable - See Schedule D &			
Cash surrender value - life insurance - See Schedule E							
Vested interest in deferred compensation/ profit-sharing plans - See Schedule F							
Business Ventures - See Schedule G							
Other assets/personal property itemize -							
				Total Liabilities	\$0.00	\$0.00	
				Net Worth	\$0.00	\$0.00	
Total Assets	\$0.00	\$0.00		Total Liabilities and Net Worth	\$0.00	\$0.00	

Section 4 - Annual Income For Year Ended

Annual Income	Individual	Joint	Annual Expenditures	Individual	Joint	Contingent Liabilities Estimated Amounts	Individual	Joint
Salary Bonuses & Commission			Mortgage/ rental payments			Do you have any...		
Dividends/ Interest			Real Estate taxes & assessments			Contingent liabilities (as endorser, co-maker or guarantor?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Real Estate Income			Taxes - federal, state & local			On leases? On contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Income (alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)			Insurance payments			Involved in pending legal actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Income	\$0.00	\$0.00	Other contract payments (car payments, charge cards, etc.)			contested income tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Alimony, child support,			Any estimated capital gains tax on the unrealized asset appreciation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Other expenses			Other special debt or circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			Total Expenditures	\$0.00	\$0.00	If "yes" to any question(s) describe:		
						Total Contingent Liabilities	\$0.00	\$0.00

(COMPLETE SCHEDULES, INITIAL FIRST PAGE AND SIGN SECOND PAGE)

SCHEDULE A - CASH, CHECKING AND SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, MONEY MARKET FUNDS, ETC.

Name of Financial Institution	Type of Account	Owner	(J)	If Pledged, To Whom?	Balance

SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES (Use additional sheet if necessary)

Name of Shares or Face Value of Bonds	Description	In Name of	Are These Registered, Pledge, or Held by Others	Market Value	Exchanges Where Traded

SCHEDULE C - NON-MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of Shares	Description	In Name of	Are These Registered, Pledge, or Held by Others	Value	Method of Valuation

SCHEDULE D - INVESTMENTS IN REAL ESTATE (Use additional sheet if necessary)

Description/Location of Real Estate Investment	(J)	Date of Original Investment/Amount	% Owned by you	Market Value of Your % of Investment	Present Balance	Monthly Payment	Mortgage Maturity Date	Mortgage Owed To

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F - VESTED INTEREST IN DEFERRED COMPENSATION/ PROFIT - SHARING PLANS

% Vested	Company Name	Account Number	Manner of Payout(Annuity, Lump Sum, etc.)	Distribution Date	Beneficiary	Amount

SCHEDULE G - BUSINESS VENTURES (Use additional sheet if necessary)

List Name and Address of Any Business Venture In Which You Are a Principal or Partner	Your position/Title in the Business	Line of Business	Years in Business	Total Assests Listed in Section 3	Your % of Ownership	Net Worth of Business	Present Net Value of Your Investment

SCHEDULE H - LOANS OWING TO BANKS, BROKERS, FINANCE COMPANIES, AND OTHERS (MASTERCARDS, VISA, ETC.)

Owing to (Acct. No.)	(J)	Date of Original Borrowing/Amount	Present Balance	Due	Monthly Payment	Date of Final Pay't	Secured by

The information contained in this statement is provided to induce you to extend or continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that (1) the information provided herein is true, correct and complete and gives a correct and complete showing of the financial condition of the undersigned, (2) the undersigned has no liabilities direct, indirect, or contingent except as set forth on this statement, and (3) legal and equitable title to all assets listed herein is in the undersigned's sole name, except as may be herein otherwise noted. Each of the undersigned agrees to notify you immediately and in writing of any changes 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. 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 and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date Signed

Signature (individual)

Date Signed

Signature (individual)