

Personal Financial Statement

As of:

PERSONAL INFORMATION

Name:	Business Phone:	
Address:	Home Phone:	
City:	State:	ZIP:
Business Name of Applicant/Borrower:		
Primary Banking Relationship:		
Personal Tax Returns Files for:		

ASSETS (Omit Cents)

LIABILITIES (Omit Cents)

Cash on Hand & in Banks:	Accounts Payable:
Savings Accounts:	Notes Payable to Banks and Others: <small>(See Section 2)</small>
IRA or Other Retirement Account:	Installment Account (Auto): <small>(Mo. Payments \$ )</small>
Accounts & Notes Receivable:	Installment Account: <small>(Mo. Payments \$ )</small>
Life Insurance-Cash Surrender Value Only: <small>(Complete Section 8)</small>	Loans on Life Insurance:
Stock and Bonds: <small>(Describe in Section 3)</small>	Mortgages on Real Estate: <small>(Describe in Section 4)</small>
Real Estate: <small>(Describe in Section 4)</small>	Unpaid Taxes: <small>(Describe in Section 6)</small>
Automobile-Present Value:	Other Liabilities: <small>(Describe in Section 7)</small>
Other Personal Property: <small>(Describe in Section 5)</small>	Total Liabilities:
Other Assets: <small>(Describe in Section 5)</small>	Net Worth:
TOTAL:	TOTAL:

CONTINGENT LIABILITIES

As Endorser or Co-Maker:	Provision for Federal Income Tax:
Legal Claims & Judgments:	Other Special Debt:

SOURCE OF INCOME (Section 1)

Salary:	Real Estate Income:
Net Investment Income:	Other Income: <small>(Describe Below)*</small>
Description of Other Income:	

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

Are any assets pledged?      YES      NO      (If "Yes" Provide Details Below)



SOURCE OF INCOME (Section 1 Continued)

Employer:

Are you a defendant in any suits or legal action?      YES      NO      If so, explain:

Have you ever taken bankruptcy?      YES      NO      If so, explain:

Do you have a will?      YES      NO      With whom?

Do you have a trust?      YES      NO      With whom?

Number of Dependents?      Names:

NOTES PAYABLE TO BANK AND OTHERS (Section 2)

Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, Weekly etc.)	How Secured or Collateralized

STOCKS AND BONDS (Section 3)

Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value



**OTHER PERSONAL PROPERTY AND OTHER ASSETS (Section 5)**

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.

**UNPAID TAXES (Section 6)**

Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attached.

**OTHER LIABILITIES (Section 7)**

Describe in detail.

**LIFE INSURANCE HELD (Section 8)**

Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.

**SIGNATURE**

I authorize \_\_\_\_\_ and/or it's assignees 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 USC 1001).

Signature	Date	Social Security Number
Signature	Date	Social Security Number

Supplementary Schedule of Liabilities



Form is fillable in Adobe Acrobat

APPLICANT

Name: Date:

(List all Loans, Mortgages, Leases, Credit Cards, etc. not otherwise disclosed or that do not fit on statement)

Creditor	Amount	Date	Balance	Status	Maturity	Payment	Collateral
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