



CONFIDENTIAL PERSONAL FINANCIAL STATEMENT

Name _____ Business/Employer _____
 Address _____ Position or Occupation _____
 City _____ State _____ ZIP _____ Business Phone _____
 Social Security Number _____ Home Phone _____

SPOUSE'S INFORMATION (IF JOINT APPLICATION)

Name _____ Social Security Number _____

To obtain credit from you, I submit the following statement of my financial condition as of _____, 20__

ASSETS SOLELY OWNED (List only those assets to which you have sole legal title)		LIABILITIES AND NET WORTH (List all liabilities, joint or otherwise)	
Cash on hand	\$	Notes Payable to Banks (Schedule F)	\$
Cash in banks, See Schedule A		Notes Payable to Others (Schedule F)	
US Gov't & Marketable Securities (Sch B)		Real Estate Mortgages Payable (Schedule D)	
Nonmarketable Securities (Schedule C)		Accounts Payable	
Real Estate (Schedule D)		Unpaid Income Taxes (Federal)	
Notes and Accounts Receivable		Unpaid Income Taxes (State)	
Automobiles		Loans on Life Insurance Policies (Sch E)	
Other Personal Property		Other Liabilities	
Cash Value Life Insurance (Schedule E)			
Other Assets			
		TOTAL LIABILITIES	\$
		(All assets sole and joint, minus total liabilities) NET	
		WORTH	\$
TOTAL ASSETS (Sole)	\$	TOTAL LIABILITIES & NET WORTH	\$

ASSETS JOINTLY OWNED (List all assets in which legal title is joint)		SOURCES OF INCOME For the year ended _____	
Cash on hand	\$	Salary	\$
Cash in banks (Schedule A)		Bonuses and Commissions	
US Government & Marketable Securities (Schedule B)		Dividends	
Non-marketable Securities (Schedule C)		Rental Income (net: expenses & debt service)	
Real Estate (Schedule D)		Other Income:	
Notes and Accounts Receivable		Alimony, Child Support, Separate Maintenance	
Automobiles		(Need not be revealed if you do not wish to have it considered as a basis for obtaining credit)	
Other Personal Property			
Cash Value Life Insurance (Schedule E)		TOTAL INCOME	\$
Other Assets			
		MONTHLY EXPENDITURES	
		Mortgage/Rent	\$
		Insurance	\$
		Car Payments	\$
		Installment Notes	\$
TOTAL ASSETS (Joint)	\$	Alimony	\$

CONTINGENT LIABILITIES		GENERAL INFORMATION	
As endorser, co-maker or guarantor	\$	Are any Assets Pledged? See Schedules	
On leases or contracts	\$	Have you executed a will?	
Legal Claims	\$	If so, Name of executor	
Contested Income Tax Liens	\$	Are you a partner in any firm? (Schedule G)	
Other Special Debts	\$	Are you the defendant in any Suits/Legal Actions	
		Have you ever taken Bankruptcy	

SCHEDULE A – BANK ACCOUNTS

Name and Address of Institution	Type of Account	Name on Account	Current Balance

SCHEDULE B – US GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or Face Value of Bonds	Description	In Name Of	Are these Registered, Pledged or Held by Others	Market Value

SCHEDULE C - NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are these Registered, Pledged or Held by Others	Value	Source of Value

SCHEDULE D – RESIDENCES & OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address & Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Amount	Mortgage Maturity

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Carrier	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Leans	Cash Surrender Value

SCHEDULE F – BANK & OTHER INSTITUTIONAL RELATIONSHIPS

SCHEDULE G – BUSINESS VENTURES

The information contained in this statement is provided to induce you to extend or to continue to extend 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. You are authorized to make all inquiries you deem necessary to verify the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Signature (Individual) _____
 Social Security Number _____
 Date signed _____ 20____ Date of Birth _____

Signature (other party) _____
 Social Security Number _____
 Date signed _____ 20____