



PERSONAL FINANCIAL STATEMENT

SECTION 1: PERSONAL INFORMATION

Full Name: _____ Date of Birth: _____ SSN: _____
Spouse Name: _____ Date of Birth: _____ SSN: _____
Address: _____ Business Name: _____
City: _____ State: _____ Zip: _____ Home Phone: _____ Alt Phone: _____

NOTE: Complete Schedules A-H prior to completing Section 2.

SECTION 2: STATEMENT OF FINANCIAL CONDITION AS OF _____

Assets: (Do not include assets of doubtful value)	In Dollars (omit cents)	Liabilities:	In Dollars (omit cents)
Cash in Primary Bank (checking & savings):	_____	Unsecured Debt (Sch. G):	_____
Cash & CD's in Other Banks (Sch. A):	_____	Current Bills Due:	_____
Stocks Bonds & Marketable Securities (Sch. B):	_____		
Real Estate Owned (Sch. C):	_____	Real Estate Mortgages (Sch. C):	_____
Cash Surrender (Sch. D):	_____		
Business Ventures (Sch. E):	_____	Secured Debt (Sch. H):	_____
Notes Receivable (Sch. F):	_____	(other than real estate)	
Personal Property (jewelry, coins, collections, etc.):	_____	Taxes Payable:	_____
Automobiles, RV's, Boats:	_____	Other Debts & Liabilities (specify):	_____
Other Assets (specify):	_____		
_____	_____		
_____	_____		

TOTAL ASSETS:	_____	TOTAL LIABILITIES:	_____
Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No		TOTAL NET WORTH:	_____
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		TOTAL LIABILITIES & NET WORTH:	_____

Accountant Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Attorney Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Do you have any...	Estimated Amount	If "yes" describe:
contingent liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
involvement in pending legal actions? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
other special circumstances? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
contested income tax liens? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

SCHEDULE A: CASH AND CD'S IN OTHER BANKS

Description:	Name of Institution:	In Name of:	Pledged or held by Others?		Value:
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

SCHEDULE B: STOCKS, BONDS, MARKETABLE SECURITIES

Brokerage Accounts

Name of Brokerage:	In Name of:	Pledged or Held by:	Cost:	Market Value:

Individual Securities Not Included Above (Include IRA and 401K Accounts)

# of Shares or Face Value	Individual Securities:	In Name of:	Pledged or Held by:	Cost:	Market Value:	Retirement Account:	
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
						<input type="checkbox"/> Yes	<input type="checkbox"/> No

SCHEDULE C: RESIDENCE AND OTHER REAL ESTATE

Address and Type of Property:	Title in Name of:	Percentage Owned:	Year Acquired:	Cost:	Market Value:	Monthly Payment:	Mortgage Balance:	Maturity Year:

SCHEDULE D: LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

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

SCHEDULE E: BUSINESS VENTURES AND OTHER ASSETS

Name of Business:	Type of Business:	Years in Business:	Net Worth:	Percentage Owned:	Value of your Ownership Interest:

SCHEDULE F: NOTES RECEIVABLE

Due From:	Due Date:	Description:	Monthly Payment:	Total Amount:

SCHEDULE G: UNSECURED DEBT (CREDIT CARDS, ETC.)

Name of Creditor:	Description of Debt:	Describe:	Monthly Payment:	Total Amount:

SCHEDULE H: SECURED DEBT (HELOC, VEHICLES, ETC.)

Name of Creditor:	Original Loan/Line Amount:	Date of Loan:	Maturity Date:	Unsecured or Secured (List Collateral)	Monthly Payment:	Amount Owed:

This information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the surety 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 surety 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 accuracy of 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 (applicant): _____ Date: _____

Signature (co-applicant): _____ Date: _____