



PERSONAL FINANCIAL STATEMENT
as of _____

Applicant Information					
Name			Name of Co-Applicant		
Home Address		No. of Years	Home Address		No. of Years
City, State, Zip			City, State, Zip		
Home Phone No. ()	Social Security No.	Date of Birth	Home Phone No. ()	Social Security No.	Date of Birth
Employer		No. of Years	Employer		No. of Years
Address of Employer			Address of Employer		
Business Phone No. ()	Title/Position		Business Phone No. ()	Title/Position	

This is a statement of: my individual financial condition our joint financial condition

Do you have a Will? Yes No If yes, with whom?

Do you have a Trust? Yes No If yes, with whom?

Partner, Officer, or Owner of any other venture? Yes No If yes, please explain:

Annual Cash Income (Current)	Amount(s) In Whole \$	Annual Expenditures (Current)	Amount(s) In Whole
Applicant: Salary / Wages*		Rent:	
Co-Applicant: Salary / Wages*		First Mortgage (P&I):	
Bonuses & Commissions		Other Mortgages (P&I):	
Interest / Dividend Income		Bank Loans / Credit Cards:	
Real Estate Income**		Real Estate Taxes:	
Capital Gains (if recurring):		Child Support:	
Partnership / LLC Income:		Hazard Insurance:	
Other Income (list):		Other Expenditures (list):	
Total Cash Income		Total Expenditures	

Are any significant changes in income or expenses expected in the next 12 months? Yes No (please attach information on changes)



						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Section A – Securities Cont. (include non-money market mutual funds)

No. of Shares (Stock) or Face Value (Bonds)	Description	Legal Ownership Title	Percent Owned	Where Held / Managed (Company)	Current Market Value	Pledged	
						Yes	No
Nonreadily Marketable Securities (include closely held, thinly traded or restricted stock)							
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

If not enough space, please attach a separate schedule or brokerage statement and enter totals only.

Section B – Accounts and Notes Receivable

Legal Ownership Title	Percent Owned	Debtor	Collateral Description		Payable	Maturity Date	Unpaid Balance
			Lien Position / Equity Value				
					\$ per		
					\$ per		

Section C – Insurance

Insurance Company	Face Amount of Policy	Insured	Beneficiary	Life Insurance		Disability Insurance	
				Cash Surrender Value	Policy Loans	Monthly Distribution (if disabled)	No. of Years Covered

Section D – Real Estate

Description and Location (property address)	Legal Ownership Title	Percent Owned	Year Purchased / Price	Current Market Value	Loan Payment/Mo	Loan Maturity Date	Interest Rate	Unpaid Loan Balance	Lender

Section E – Partnerships, S Corporations, LLCs & LLPs

Type of Investment	Percent Owned	Management Position	Current Market Value	Anticipated Capital Contributions		General Partner	
				Amount	Date	Yes	No
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

NOTE: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments, Schedules K-1.

Section F – Notes Payable (include notes not included in Section D) (include spouse's notes)

Lender	Account No.	Lender Address	Collateral	Payable	Maturity Date	Unpaid Balance
				\$ per		
				\$ per		
				\$ per		

