

PERSONAL FINANCIAL STATEMENT AS OF: _____ DATE _____

SUBMITTED TO:

PERSONAL INFORMATION			
APPLICANT NAME		CO-APPLICANT NAME	
HOME ADDRESS		HOME ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
EMPLOYER		EMPLOYER	
ADDRESS OF EMPLOYER		ADDRESS OF EMPLOYER	
TITLE / POSITION	NO. YEARS WITH EMPLOYER	TITLE / POSITION	NO. YEARS WITH EMPLOYER
DATE OF BIRTH	SOCIAL SECURITY NO.	DATE OF BIRTH	SOCIAL SECURITY NO.
HOME PHONE NO.	WORK PHONE NO.	HOME PHONE NO.	WORK PHONE NO.
NAME, PHONE NO. OF YOUR ACCOUNTANT		NAME, PHONE NO. OF YOUR ACCOUNTANT	
NAME, PHONE NO. OF YOUR ATTORNEY		NAME, PHONE NO. OF YOUR ATTORNEY	
NAME, PHONE NO. OF YOUR INSURANCE ADVISOR		NAME, PHONE NO. OF YOUR INSURANCE ADVISOR	

***Please complete information below in accordance with potential credit request. If the request will be in a single name, do not include 100% of joint assets.**

ASSETS <small>(Do not include assets of doubtful value)</small>	In Dollars <small>(omit cents)</small>	LIABILITIES	In Dollars <small>(omit cents)</small>
Cash in this Bank <small>(including money market accounts, CD's)</small>		Notes Payable to Banks (Secured)	
Cash in Other Financial Institutions <small>(including money market accounts, CD's)</small>		Notes Payable to Banks (Unsecured)	
IRA, Profit Sharing & Other Vested Ret. Accts.		Amounts Payable to Others (Secured)	
U.S. Gov't & Marketable Securities (Schedule A)		Amounts Payable to Others (Unsecured)	
Non-Marketable Securities (Schedule A)		Accounts Payable (included credit cards)	
Accounts & Notes Receivable		Taxes Payable	
Cash Value - Life Insurance (Schedule B)		Due to Brokers	
Residential Real Estate (Schedule C)		Real Estate Mortgages Payable (Schedule C, D)	
Real Estate Investments (Schedule C)		Life Insurance Loans (Schedule B)	
Partnerships / PC Interests (Schedule C)		Other Liabilities (itemize)	
Non-Real Estate Business Ventures (Schedule D)			
Personal Property (including automobiles)			
Other Assets (itemize)			
		Total Liabilities:	\$
Total Assets:	\$	Net Worth:	\$

Annual Income for Year Ended:		Annual Expenditures:	
Salary, Bonuses & Commissions (applicant)		Taxes - Federal, State, Local	
Salary, Bonuses & Commissions (co-applicant)		Mortgage Payments - Residential	
Dividends & Interest		Mortgage Payments - Investment	
Real Estate Income		Interest & Principal Payments on Notes	
Capital Gains / Losses		Lease / Rent Obligations	
Partnership / Subchapter "S" Income		Insurance	
Other Income*		Investments (including tax shelters)	
<small>* (alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying debt obligations)</small>		Other Living Expenses	
		Other Expenses	
Total Annual Income:	\$	Total Annual Expenditures:	\$

Schedule A - All Securities (including non-money market mutual funds)				Pledged	
No. of Shares (Stock) or Face Value (Bonds)	Description	Owner(s)	Market Value	Yes	No
READILY MARKETABLE SECURITIES (including U.S. Gov't & Municipals)					
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock)					
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Schedule B - Insurance						
Life Insurance (use additional sheet if necessary)						
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Schedule C - Personal Residence & Real Estate Investments (include Real Estate Partnerships)								
Personal Residence Property Address	Legal Owner	Purchase		Percent Owned	Market Value	Present Loan Balance	Monthly Payment	Lender
		Year	Price					

Schedule D - Non-Real Estate Business Ventures							
Business Name	Legal Owner(s)	Your Position / Title in Business	Percent Owned	Contingent Liability (Yes / No)	Amount Contingent	Years in Business	Value of Equity Ownership

(ATTACH ADDITIONAL SCHEDULES IF NECESSARY)

Please Answer the Following Questions:

1. Income tax returns filed through (date): _____ Are any returns being audited or contested? Yes No

2. Have (either of you) or any firm in which you were a major owner ever declared bankruptcy? Yes No

3. Have you drawn a will? Yes No If so, please name the executor and date will was drawn: _____

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this Statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the applicant(s) on the date given below. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about creditors credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both.

In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a credit report on them. By signing below, each representative of the Applicant declares that he/she has read and understands the statement above.

SIGNATURE: _____

DATE SIGNED: _____

SIGNATURE: _____

DATE SIGNED: _____