



Personal Financial Statement

Financial Statement as of: _____ **Check the following:** Individual Statement Joint Statement

If you intend to apply for joint credit, initial here: _____ Applicant _____ Co-Applicant

Name:		Social Security Number		Home Phone or Cell Phone:	
Home Address:		City, State		Zip	
Previous Address (If less than 2 years at current residence.)		City, State		Zip	
Driver's License Number		Date of Birth		Marital Status	
County of Residence		Number of Dependents			
Employer:		How Long?		Business Address:	
Phone:		Occupation/Position			
Previous Employer:		How Long?		Business Address:	
Phone:		Occupation/Position			
Spouse's Name:		Spouse's Social Security Number		Date of Birth	
Spouse's Driver's License Number					
Employer:		How Long?		Business Address:	
Phone:		Occupation/Position			
Previous Employer:		How Long?		Business Address:	
Phone:		Occupation/Position			

Section A: Assets (omit cents)		
Cash	(Schedule 1)	\$
Marketable Securities	(Schedule 2)	\$
Non- Marketable Securities	(Schedule 3)	\$
Investments in Partnerships	(Schedule 4)	\$
Real Estate (Homestead)	(Schedule 5)	\$
Real Estate (Other)	(Schedule 5)	\$
IRA's, KEOGHS, & other Qualified Plans	(Schedule 6)	\$
Other Assets	(Schedule 7)	\$
Total Assets:		\$

Section B: Liabilities (omit cents)		
Margin Debt Due Brokers	(Schedule 2)	\$
Partnership Related Debt	(Schedule 4)	\$
Real Estate (Homestead) Mortgage Payable	(Schedule 5)	\$
Real Estate (Other) Mortgages Payable	(Schedule 5)	\$
Notes Payable	(Schedule 8)	\$
Taxes Payable (Due and Unpaid)		\$
Credit Card Debt		\$
Contingent Liabilities		\$
Other Liabilities		\$
Total Liabilities :		\$
Net Worth: (Total Assets Less Total Liabilities)		\$
Total Liabilities Plus Net Worth		\$



Schedule 4 Investments in Partnerships								
Partnership Name	General, Limited, Other	% Owned	Cost	Current Market Value	Balance	Yearly Pay Terms	Yearly Distrib.	Yearly Contrib.

Total Investments in Partnerships: \$

Schedule 5 –Real Estate

Homestead Property (Address & Property Description—i.e. brick home, frame home, mobile home, acreage):
 _____ Percent Owned: _____%

Market Value	Current Balance	Lien Holder	Yearly Pay Terms	Rental Property	Rental Income	Rental Expenses
\$	\$			Yes No		

Other Real Estate Owned:

Location Address & Property Description) _____ Percent Owned: _____%

Market Value	Current Balance	Lien Holder	Yearly Pay Terms	Rental Property	Rental Income	Rental Expenses
\$	\$			Yes No		

Location Address & Property Description: _____ Percent Owned: _____%

Market Value	Current Balance	Lien Holder	Yearly Pay Terms	Rental Property	Rental Income	Rental Expenses
\$	\$			Yes No		

Location Address & Property Description: _____ Percent Owned: _____%

Market Value	Current Balance	Lien Holder	Yearly Pay Terms	Rental Property	Rental Income	Rental Expenses
\$	\$			Yes No		

Location Address & Property Description: _____ Percent Owned: _____%

Market Value	Current Balance	Lien Holder	Yearly Pay Terms	Rental Property	Rental Income	Rental Expenses
\$	\$			Yes No		

Total "Other Real Estate Owned" \$



Schedule 6 – IRA's, KEOGH'S & Other Qualified Plans				
Type	% Vested	Current Balance	Loans	Net Value
Total IRA's, KEOGH'S & Other Qualified Plans:				\$

Schedule 7 – Other Assets				
Description	Current Market Value	Cost	Pledged	
Personal Property			Yes	No
Automobiles			Yes	No
Note Receivables			Yes	No
Interest in Trust			Yes	No
Misc.			Yes	No
Total Other Assets:	\$	\$		

Section 8 –Notes Payable (Exclude Mortgage, Partnership, and Real Estate Related Debt)							
Name of Financial Institution	Purpose	Original Date	Original Amount	Balance	Maturity	Yearly Pay Terms	Collateral
Total Notes Payable:			\$	\$			

Section D: Contingent Obligations

Instructions: State total amount by type of liability and describe; if none, then write "none" in this section.

A	As Guarantor or Endorser	
B	On Leases or Contracts	
C	For Legal Claims or Judgments	
D	Income Tax Claim or Dispute	

E	Letters of Credit	
F	Future Capital Contributions	
G		
TOTAL A –G		\$

Describe (A-G above)	Beneficiary Party	Amount Obligated	Purpose or Explanation	Maturity or Expiration Date

Insurance		
Auto	Home/Real Estate	Life
Insurance Co:	Insurance Co:	Insurance Co:
Policy No:	Policy No:	Policy No:
Coverage:	Coverage:	Coverage: _____ Face Value: _____ Cash Value:
Agent Name:	Agent Name:	Agent Name:
Phone Number:	Phone Number:	Phone Number:



Questionnaire

1. Are you a defendant in any suits or legal actions? Yes No If yes, please describe in comments on page 5.
2. Income tax returns filed through (date) _____. Are any returns being audited or contested? Yes No
If yes, what years? _____
3. Have you drawn a will? Yes No If yes, year drawn: _____ Executor: _____
4. Do you have a line of credit or unused line of credit at any other institution? Yes No If yes, indicate how much and where: _____
5. Have you ever filed a petition in bankruptcy, or has one been filed involuntarily against you? Yes No If yes, explain on page 5.
6. Are you an Executive Officer, Director, or Principal Shareholder of a bank? Yes No If yes, what is the name of the bank? _____

Additional Comments

I have given you this financial statement, and attachments, if any, in order to obtain credit or services from you. I understand that you will rely on this information in connection with any decision you make in providing credit services to me. I warrant and represent to you that other information I may supply to you is correct and fully and accurately discloses all of my assets and liabilities, including but not limited to, my contingent liabilities, cash income, and cash expenses as of the date I provide this information to you. All appraisals and similar assets which are available to me as of this date are attached for your review. You may assume that my financial condition is at least as good as shown on this statement until I provide to you another updated financial statement. You may request credit information and investigate consumer report, and you may request a consumer credit report about me in connection with this statement for credit or services.

If I ask you, you will tell me whether or not a consumer credit report was requested and will also tell me the name and address of the reporting agency. I give you my permission to obtain (without notice) additional consumer credit reports and investigative consumer reports should you update, renew, extend or review my credit or other service arrangements. You may also share credit information about me with your affiliates, subsidiaries, parent company, other creditors, and all others permitted or required by law. I understand that, in the event any information is incorrect, false, or misleading and you incur a loss, you may file a Criminal Referral Form as may be requested or required by your supervisory agency. I also understand that knowingly providing false or misleading information in this financial statement is a federal offender or imprisonment or both (18 USC Section 1014).

Applicant Signature: _____

Date: _____

Co Applicant Signature: _____

Date: _____