



## PERSONAL FINANCIAL STATEMENT

Name	Business Phone
Address	Residence Phone
City, State, Zip	E-mail

Assets		Liabilities	
Cash on hand and in Banks	\$	Accounts Payable	\$
Retirement Accounts	\$	Notes Payable	\$
Accounts & Notes Receivable	\$	Auto Loans	\$
Life Insurance Cash Value	\$	Monthly Payments	\$
<b>Complete Section 7</b>		Other Installment Loans	\$
Stocks & Bonds	\$	Monthly Payments	\$
<b>Complete Section 2</b>		Loans on Life Insurance	\$
Real Estate	\$	Mortgages	<b>Detail in Section 3</b>
Vehicles-Current Value	\$	Unpaid Taxes	<b>Detail in Section 5</b>
Other Personal Property	\$	Other Liabilities	<b>Detail in Section 6</b>
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>

Section 1. Source of Annual Income	Contingent Liabilities		
Salary	\$	Endorser or Co-Maker	\$
Net Investment Income	\$	Claims and Judgments	\$
Real Estate Income	\$	Contingent Federal Taxes	\$
Other Income (Detail Below)	\$	Other Contingent Debt	\$

**Description of Other Income in Section 1**

\*Alimony or child support payments need not be disclosed unless it is desired to have such payments counted toward total income.

**Section 2. Stocks and Bonds** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Total Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation	Total Value

**Section 3. Real Estate Owned** (List each property separately. Print additional copies of this page if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Year Purchased and Amount Paid			
Present Market Value			
Current Mortgage Balance			
Total Monthly Payment			

**Section 4. Other Personal Property and Assets**

**Section 5. Unpaid Taxes** (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, the lien attaches.)

**Section 6. Other Liabilities** (Describe in detail.)

**Section 7. Life Insurance Held** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.)

**I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).**

Signature \_\_\_\_\_ Date \_\_\_\_\_ SS# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ SS# \_\_\_\_\_