

# Personal Financial Statement

Date Prepared: \_\_\_\_\_

## SECTION I: BUSINESS INFORMATION

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

## SECTION II: STATEMENT OF FINANCIAL CONDITION AS OF:

**NOTE: Complete Schedules A-H prior to completing Section II**

<b>Assets:</b> (Do Not Include Assets of Doubtful Value)	In Dollars (Omit Cents)	<b>Liabilities:</b> Unsecured	In Dollars (Omit Cents)
Cash In Primary Bank: (checking & savings)	_____	Debt: (Sec. IX)	_____
Cash & CD's In Other Banks: (Sec. III)	_____	Current Bills Due:	_____
Stock Bonds & Marketable Securities: (Sec. IV)	_____	Real Estate Mortgages: (Sec. IV)	_____
Real Estate Owned: (Sec. V)	_____	Secured Debt (Sec. X): (other than real estate)	_____
Cash Surrender: (Sec. VI)	_____	Taxes Payable:	_____
Business Ventures: (Sec. VII)	_____	Other Debts & Liabilities: (Please Specify)	_____
Notes Receivable: (Sec. VIII)	_____	_____	_____
Personal Property: (Jewelry, Coins, Collections, etc.)	_____	_____	_____
Automobiles, RV's, Boats:	_____	_____	_____
Other Assets: (Please Specify)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>TOTAL ASSETS:</b>	_____	<b>TOTAL LIABILITIES:</b>	_____
		<b>TOTAL NET WORTH:</b>	_____
		<b>TOTAL LIABILITIES &amp; NET WORTH:</b>	_____

Do You Have A Will?  Yes  No

Have You Ever Declared Bankruptcy?  Yes  No

Accountant Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Do You Have Any of The Following:

**If Answering "Yes" To Any Questions, Please Describe:**

Contingent liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount: _____
Involvement In Any Pending Legal Actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount: _____
Other Special Circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount: _____
Contested Income Tax Liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount: _____

## SECTION III: CASH & 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	

## SECTION IV: 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

**SECTION V: RESIDENCE AND OTHER REAL ESTATE**

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

**SECTION VI: 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:

**SECTION VII: BUSINESS VENTURES AND OTHER ASSETS**

Name of Business:	Type of Business:	Years In Business	Net Worth:	Percentage Owned	Value of Your Ownership Interest:

**SECTION VIII: NOTES RECEIVABLE**

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

**SECTION IX: UNSECURED DEBT (E.G. CREDIT CARD DEBIT)**

Name of Creditor: (Total of All Credit Cards)	Description of Debt:	Describe: (Various Credit Card Debt)	Monthly Payment:	Amount Owed:

**SECTION X: 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.

*Bring Us Your Challenge and We'll Bring You The Solution.....*

Signature: (Applicant) \_\_\_\_\_

Date: \_\_\_\_\_

Signature: (Co-Applicant) \_\_\_\_\_

Date: \_\_\_\_\_