

# PERSONAL FINANCIAL STATEMENT

The following is my/our statement of all assets and liabilities as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

## APPLICANT GENERAL INFORMATION

Name		Name	
Social Security #	DOB:	Social Security #	DOB:
Residence Address		Residence Address	
City, State & Zip		City, State & Zip	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone
E-mail address		E-mail address	

## ASSETS JOINTLY OWNED

## LIABILITIES

Cash <small>On hand &amp; unrestricted to banks</small> (See Sched. # 1)	\$	Notes Payable to Banks, Unsecured <small>Direct borrowing only</small> (See Sched. # 1)	\$
U.S. Government Securities		Notes Payable to Banks, Secured <small>Direct borrowing only</small> (See Sched. # 1)	
Accounts and Loans Receivable (See Sched. # 2)		Loans Against Life Insurance (See Sched. # 3)	
Life Insurance – Cash Value (See Sched. # 3)		Mortgages Payable on Real Estate (See Sched. # 5)	
Listed Stocks and Bonds (See Sched. # 4)		Notes Payable to Others, Unsecured	
Unlisted Stocks and Bonds (See Sched. # 4)		Notes Payable to Others, Secured	
Real Estate (See Sched. # 5)		Accounts Payable	
Automobiles Registered in Own Name		Interest Payable	
IRA & Other Retirement Accounts		Taxes and Assessment Payable	
Other Personal Property (See Sched. # 6)		Other Liabilities (Itemize)	
Other Assets (Itemize)			
		Total Liabilities	\$ 0.00
		Net Worth	\$
<b>Total Joint Assets</b>	\$ 0.00	<b>Total Liabilities and Net Worth</b>	\$

## ASSETS SOLELY OWNED

Cash	\$	Salary	\$
Accounts, Mortgages, and Loans Receivable		Bonus and Commissions	
Stocks and Bonds		Dividends	
Real Estate		Real Estate Income	
Other Personal Property (See Sched. # 6)		Other Income (Itemize)	
<b>Total Solely Owned Assets</b>	\$ 0.00		
<b>Total Assets</b>	\$ 0.00	<b>Total Income</b>	\$ 0.00

## CONTINGENT LIABILITIES

As endorser or co-maker	\$	Have you ever caused a loss at a Federally Insured Institution?	<input type="checkbox"/> No <input type="checkbox"/> Yes
On leases or contracts	\$	Are you a defendant in any suits or legal actions?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Legal Claims	\$	Have you ever taken bankruptcy?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Provision of Federal Income Taxes	\$	Have you ever made a composition settlement?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Other Special Debt	\$	Are you a U.S. Citizen?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Total</b>	\$ 0.00	Are any assets pledged?	<input type="checkbox"/> No <input type="checkbox"/> Yes

## PERSONAL INFORMATION

Business or Occupation	Partner or officer in any other venture <input type="checkbox"/> No <input type="checkbox"/> Yes		
Dependent Children (No.)	Other Dependents (No.)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Year last tax return filed



