

PERSONAL FINANCIAL STATEMENT TO:

As of: _____

This is a(n) Individual Financial Statement Joint Financial Statement

Name			Name (Co-Applicant)		
Street Address			Street Address		
City, State, Zip			City, State, Zip		
Home Phone		Cell Phone	Home Phone		Cell Phone
Pager Number		# of Dep.	Social Security No.		
Date of Birth	Email Address		Date of Birth	Email Address	
Place of Employment			Place of Employment		
Employer Address			Employer Address		
Bus. Phone	Fax Number	Position	Bus. Phone	Fax Number	Position
Length of Employment		Partner/Officer in other venture?	Length of Employment		Partner/Officer in other venture?
		Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>

SOURCE OF INCOME

Note: You are not required to reveal receipt of alimony, child support or maintenance payments in connection with this application. If you wish us to consider any such payments, please describe them in other income.

APPLICANT			CO-APPLICANT		
Salary	Annual		Salary	Annual	
Bonus & Commission	Annual		Bonus & Commission	Annual	
Dividends	Annual		Dividends	Annual	
Real Estate Income	Annual		Real Estate Income	Annual	
Other Income	Annual		Other Income	Annual	
Total	Annual	\$ -	Total	Annual	\$ -
< Annual avg per month >		\$ -	< Annual avg per month >		\$ -

*Complete reverse and carry totals forward (see schedules)

ASSETS					
Cash on Hand and in Banks	Schedule A		Notes payable to related parties		
U. S. Securities	Schedule B		Notes payable to others		
Listed Securities	Schedule B		Mortgages payable on real estate	Schedule C	
Unlisted Securities	Schedule B		Unpaid taxes & interest		
Cash Value Life Insurance	Schedule E		Charge cards	Schedule D	
Accounts & Notes Receivable due from Related Parties			Vehicle loans	Schedule D	
Accounts, Notes & Mortgages Receivable due from Others			Boat/RV loans	Schedule D	
Real Estate Owned	Schedule C		Other unsecured loans	Schedule D	
IRA			Home equity loans	Schedule D	
Retirement / Profit sharing Accounts			Other secured loans	Schedule D	
Net Worth of Businesses Owned					
Automobiles, Boats / RV's:					
Other Assets: (Itemize)					
			Total Liabilities		\$ -
			Net Worth		\$ -
Total Assets		\$ -	Total Liabilities & Net Worth		\$ -

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Income tax returns filed through (date): _____ If yes, what year(s)? _____	Are any returns filed being audited or contested? YES <input type="checkbox"/> NO <input type="checkbox"/>
2. Have applicant(s) or any firm in which applicant(s) was a major owner ever declared bankruptcy? If yes, please provide details: _____	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Do(es) applicant(s) have lines of credit and/or unused credit facilities? If so list on Schedule D. _____	YES <input type="checkbox"/> NO <input type="checkbox"/>