

**PERSONAL FINANCIAL STATEMENT**

As of \_\_\_\_\_, \_\_\_\_\_

<b>Name</b>	<b>Business Phone</b>
<b>Home Address</b>	<b>Home Phone</b>
<b>City, State, &amp; Zip Code</b>	
<b>Business Name of Applicant</b>	

ASSETS <span style="float: right;">(Omit Cents)</span>	LIABILITIES <span style="float: right;">(Omit Cents)</span>
Cash on Hand & in banks.....\$ _____	Accounts Payable.....\$ _____
Savings Accounts.....\$ _____	Notes Payable to Banks and Others.....\$ _____ (Describe in Section 2)
IRA or Other Retirement Account.....\$ _____ (Describe in Section 5)	Installment Account (Auto).....\$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable.....\$ _____ (Describe in Section 5)	Installment Account (Other).....\$ _____ Mo. Payments \$ _____
Life Insurance – Cash Surrender Value Only.....\$ _____ (Describe in Section 8)	Loan(s) Against Life Insurance.....\$ _____
Stocks and Bonds.....\$ _____ (Describe in Section 3)	Mortgages on Real Estate.....\$ _____ (Describe in Section 4)
Real Estate.....\$ _____ (Describe in Section 4)	Unpaid Taxes.....\$ _____ (Describe in Section 6)
Automobiles.....\$ _____ (Describe in Section 5, and include Year/Make/Model)	Other Liabilities.....\$ _____ (Describe in Section 7)
Other Personal Property.....\$ _____ (Describe in Section 5)	Total Liabilities.....\$ _____
Other Assets.....\$ _____ (Describe in Section 5)	Net Worth.....\$ _____
<b>Total</b> \$ _____	<b>Total</b> \$ _____ *Must equal total in assets column.

Section 1. Source of Income.	Contingent Liabilities
Salary.....\$ _____	As Endorser or Co-Maker.....\$ _____
Net Investment Income.....\$ _____	Legal Claims & Judgments.....\$ _____
Real Estate Income.....\$ _____	Provision for Federal Income Tax.....\$ _____
Other Income (Describe below)*.....\$ _____	Other Special Debt.....\$ _____

**CERTIFICATION:** (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Social Security No. \_\_\_\_\_