



**PERSONAL FINANCIAL STATEMENT**

**DATE:** \_\_\_\_\_, 20\_\_\_\_\_

**Important:** Please read these directions before completing this statement. This financial statement is useful in your financial planning. We encourage you to copy it for your permanent records. Please begin by completing SCHEDULES on pages 2, 3 & 4. Transfer the totals to Section III.

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete all Sections except Section II.
- If you are applying for joint credit with another person, complete all Sections providing information in Section II about joint applicant, OR request joint applicant to complete a separate personal financial statement. We intend to apply for joint credit: \_\_\_\_ (Applicant) \_\_\_\_ (Other Party)
- If this statement relates to your guaranty of the indebtedness of another person(s) or corporation(s), the other party/entity must submit financial statement information. NAME(S) OF OTHER PERSON(S) or ENTITY(IES) \_\_\_\_\_

SECTION I INDIVIDUAL			SECTION II OTHER PARTY		
Name (First, Middle, Last)	Date of Birth	Education Years	Name (First, Middle, Last)	Date of Birth	Education Years
Present Address Street	Number of Years		Present Address Street	Number of Years	
City/State/Zip			City/State/Zip		
Former address if less than 2 years at present address Street			Former address if less than 2 years at present address Street		
City/State/Zip			City/State/Zip		
Years at former address _____ Own _____ Rent			Years at former address _____ Own _____ Rent		
Marital Status ____ Married ____ Separated ____ Unmarried (Include Single Divorced or Widowed)	Dependents other than listed by other party No. _____ Ages _____		Marital Status ____ Married ____ Separated ____ Unmarried (Include Single Divorced or Widowed)	Dependents other than listed by other party No. _____ Ages _____	
Name and Address of Employer	Years employed in this line of Work or Profession? _____ years Years on this job _____ Self Employed _____		Name and Address of Employer	Years employed in this line of Work or Profession? _____ years Years on this job _____ Self Employed _____	
Position/Title	Type of Business		Position/Title	Type of Business	
Social Security Number	Home Phone ( )	Business Phone ( )	Social Security Number	Home Phone ( )	Business Phone ( )

SECTION III ASSETS		LIABILITIES (OMIT CENTS)	
Cash on Deposit	Sch A	Notes Payable to Financial Institutions & Others	Sch J
Notes and Loans Receivable	Sch B	Loans Secured by Real Estate	Sch F
Other Accounts Due Me	Sch B	Loans Against Life Insurance Policies	Sch E
Government Securities, Stocks, Bonds, Mutual Funds	Sch C	Credit Card & Other Open-end Debt	Sch K
Other Stocks and Bonds	Sch C	Other Accounts & Bills Payable	Sch L
Partnership and Proprietorship Interests	Sch D	Due to Brokers in Margin Accounts	Sch L
Cash Surrender Value Life Insurance	Sch E	Taxes (Federal, State, Local) Due and Unpaid	
Real Estate Fair Market Value	Sch F	Others	
Partial Interest in Real Estate Equities	Sch G		
Vested Pension, Retirement Funds	Sch H		
IRA, Keough, SEP Plans	Sch H		
Other Personal Assets	Sch I		
Miscellaneous			
			TOTAL LIABILITIES
			NET WORTH
	TOTAL ASSETS		TOTAL LIABILITIES and NET WORTH

**ALL CONTINGENT LIABILITIES (Please utilize a separate schedule if necessary)**

NATURE OF LIABILITY	DESCRIPTION	AMOUNT
Liabilities as General/Managing Partner		
Liabilities as Co-Maker		
Liabilities as Endorser or Guarantor		
Liabilities on Leases and Contracts		
Liabilities on Letters of Credit		
Contested Tax Lien		
Involvement in pending Legal Actions, Claims, Judgments, etc.		





