

PERSONAL FINANCIAL STATEMENT

PERSONAL INFORMATION							
APPLICANT NAME:				CO-APPLICANT NAME:			
Home Address	City	State	Zip	Home Address	City	State	Zip
Home Phone #	Social Security #	Date of Birth		Home Phone #	Social Security #	Date of Birth	
Employer				Employer			
Address of Employer				Address of Employer			
Business Phone #	# of Yrs. With Employer	Title/Position		Business Phone #	# of Yrs. With Employer	Title/Position	
Name of previous employer & position (if with current employer less than 3 yrs.)			# of yrs.	Name of previous employer & position (if with current employer less than 3 yrs.)			# of yrs.
Name & Phone # of Your Accountant				Name & Phone # of Your Accountant			
Name & Phone # of Your Attorney				Name & Phone # of Your Attorney			
Name & Phone # of Your Investment Advisor/Broker				Name & Phone # of Your Investment Advisor/Broker			
Name & Phone # of Your Insurance Advisor				Name & Phone # of Your Insurance Advisor			

Cash Income and Expenditures Statement for Year Ended _____ (omit cents)

ANNUAL INCOME	AMOUNT \$
Salary (applicant)	
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Investment Income	
Other Income (List)**	
TOTAL INCOME	

ANNUAL EXPENDITURES	AMOUNT \$
Federal Income Taxes	
State Income Taxes	
Rental payments, Co-op or Condo Maintenance	
Mortgage Payments	Residential Investment
Property Taxes	Residential Investment
Interest and principal payments on loans	
Insurance	
Alimony/Child Support	
Tuition	
Living Expense	
Medical Expenses	
Other Expenses (list)	
TOTAL EXPENDITURES	

Any significant changes expected in the next 12 months? Yes No (if yes, attach information)

**Income from alimony, child support or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Schedule C - Insurance (term, whole, life, etc.)

Insurance Company	Policy Face Amount	Policy Type	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule D - Personal Residence and Real estate Investments, Mortgage Debt (majority ownership only)

Personal Residence (Property Address)	Legal Owner	Year	Price	Market Value	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Lender

Investment (Property Address)	Legal Owner	Year	Price	Market Value	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Lender

Schedule E - Loans Payable to Banks (car loans, student loans, installment loans)

Due To	Type of Facility	Amount of Line	Collateral	Interest Rate	Payment	Unpaid Balance

Additional Information

	Yes	No	Amount
Are you a guarantor, co-maker or endorser for any debt of an individual, corporation or partnership?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any suit or legal actions pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are any of your tax obligations past due?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Income tax returns filed through (date): _____ Are any returns currently being audited or contested?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have (either of) you or any firm in which you were a major owner ever declared bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
If yes to any of the above, please provide details:			

Date

Applicant's Signature

Date

Co-applicant's Signature (if requesting the financial accommodation jointly)