



**CONFIDENTIAL PERSONAL
FINANCIAL STATEMENT**

As of:

APPLICANT

Name- First, Middle Initial, Last Social Security Number

Date of Birth Primary Phone # Home Cell Email Address

Address- Number, Street, City, State, Zip Code # of Years There

Employer # of Years There Business Phone #

Business Address- Number, Street, City, State, Zip Code

Individual- assets are individually owned Joint- assets are owned jointly with another individual. If selected, fill in following section.

JOINT ASSET HOLDER, if applicable

Name- First, Middle Initial, Last Social Security Number

Date of Birth Primary Phone # Home Cell Email Address

Address- Number, Street, City, State, Zip Code # of Years There

Employer # of Years There Business Phone #

Business Address- Number, Street, City, State, Zip Code

INCOME STATEMENT

<i>Annual Income:</i>	<i>Applicant</i>	<i>Joint, if applicable</i>	<i>Total</i>
Gross Salary			
Bonus & Commissions			
Dividends & Interest			
Alimony, Child Support, Maintenance*			
Rental Income			
Other (describe): <input type="text"/>			

* Alimony, child support or separate maintenance payments need not be included, unless applicant desires that income to be considered.

PERSONAL INFORMATION

Are you an endorser, co-maker or guarantor on any obligations of a closely held business interest? If so, describe.

Are you obligated to pay alimony, child support or separate maintenance? If so, describe.

Are you a defendant in any suits or legal actions? If so, describe.

Have you ever declared bankruptcy? If so, describe.

Schedule D- Securities Not Readily Marketable				
Description	# of Shares	P- Pledged; R- restricted	Cost	Market Value
			Total (Place on Line 5)	

Schedule E- Real Estate Owned					
Description	Titled in the Name of	Market Value	Mortgage Balance	Monthly Payment	Monthly Rental Income, if applicable
Totals (Value on Line 6 & Mtg Bal on Line 16)					

Schedule F- Interest in Closely Held Businesses (Partnerships, S-Corporations, LLC's)					
Name of Company	% Ownership	Fair Market Value	Outstanding Debt(s) of Company	Contingent Liabilities? (X)	Net Equity (FMV - Debt(s) multiplied by % ownership)
					Total (Place on Line 8)

Schedule G- Notes Payable to Banks				
Name of Institution	S- Secured; U- Unsecured	Collateral, if applicable	Outstanding Balance	Monthly Payment
			Total (Place on Line 14)	

Schedule H- Other Payables				
Payable to	S- Secured; U- Unsecured	Collateral, if applicable	Outstanding Balance	Monthly Payment
			Total (Place on Line 15)	

CONSENT. Because of your relationship to a loan applicant or your role in the accommodation for a loan, your personal creditworthiness is a factor in the evaluation of the application or accommodation for a loan. By signing below, I authorize the financial institution to obtain a consumer credit report for that purpose.

SIGNATURE(S). I/ We hereby affirm that the foregoing information contained in this financial statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand the Lender is relying on this statement of my financial condition for the purpose of supporting credit decisions. Lender is authorized to make any investigation of my credit or employment status either directly or through any agency employed by Lender for that purpose. I/ We agree to inform Lender immediately of any matter which will cause any significant change in my/ our financial condition. I/ We understand that Lender will retain this financial statement whether or not credit is granted.

Signature Date

Signature Date