

# Personal Financial Statement

## APPLICANT

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

## CO-APPLICANT

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF VALUATION \_\_\_\_\_

- Round all amounts to the nearest \$100
- Attached separate sheet if you need more space to complete detail schedule

ASSETS	AMOUNT			LIABILITIES	AMOUNT		
Cash in Banks (Detail)				Notes Payable Banks (Schedule 7)			
				Notes Payable Others (Schedule 7)			
				Installment Contracts Payable (Schedule 7)			
				Due Dept. Store, Credit Cards & Others			
Due from Friends, Relatives & Others (Schedule 1)				Income Taxes Payable			
Mortgage & Contracts for Deed Owned (Schedule 2)				Other Taxes Payable			
Securities Owned (Schedule 3)				Loans on Life Insurance (Schedule 4)			
Cash Surrender Value of Life Insurance (Schedule 4)							
Homestead (Schedule 5)				Mortgage on Homestead (Schedule 6)			
Other Real Estate Owned (Schedule 5)				Mortgage or Liens on Other Real Estate			
Automobiles				Owned (Schedule 6)			
Personal Property				Other Liabilities (Detail)			
Other Assets (Detail)							
				TOTAL LIABILITIES			
				Net Worth (Total Assets Less Total Liabilities)			
TOTAL				TOTAL			

ANNUAL INCOME	APPLICANT			CO-APPLICANT			CONTINGENT LIABILITIES			
Salary							As Endorser			
Commissions							As Guarantor			
Dividends							Lawsuits			
Interest							For Taxes			
Rentals							Other (Detail)			
Alimony, child support or maintenance (you need not show this unless you wish us to consider it).										
Other							<input type="checkbox"/> Check here if "None"			
TOTAL INCOME							TOTAL CONTINGENT LIABILITIES			

**SCHEDULE 1 DUE FROM FRIENDS, RELATIVES & OTHERS**

Name of Debtor	Owed To	Collateral	How Payable	Maturity Date	Unpaid Balance		
			\$ per				
			\$ per				
			\$ per				
TOTAL							

**SCHEDULE 2 MORTGAGE AND CONTRACTS FOR DEED OWNED**

Name of Debtor	Type of Property	1 <sup>st</sup> or 2 <sup>nd</sup> Lien	Owed To	How Payable	Unpaid Balance		
				\$ per			
				\$ per			
				\$ per			
				\$ per			
TOTAL							



	APPLICANT	CO-APPLICANT
Have you ever gone through bankruptcy or had a judgment against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of dependents (If "none" check none)	_____ <input type="checkbox"/> None	_____ <input type="checkbox"/> None
Marital Status (answer only if this financial statement is provided in connection with a request for secured credit or applicant is seeking a joint account with spouse.)	<input type="checkbox"/> Married	<input type="checkbox"/> Married
	<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
	<input type="checkbox"/> Unmarried (Unmarried includes single, divorced, widowed)	<input type="checkbox"/> Unmarried (Unmarried includes single, divorced, widowed)

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM  
HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature (if you are requesting the financial accommodation jointly)