



Applicant Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Daytime Phone () _____
 Social Security Number _____

Co-Applicant Name _____
 Street Address _____
 City _____ State _____ Zip _____
 Daytime Phone () _____
 Social Security Number _____

DIRECTIONS: It is suggested that the Applicant and Co-Applicant review the entire Personal Financial Statement before beginning to fill it out. Space(s) in blank will be assumed to mean "no" or "none". The Ownership of assets or liabilities should be indicated in the appropriate sections throughout this form using "A" for Applicant, "C" for Co-Applicant, "J" for Joint Ownership by the Applicant and Co-Applicant, and "N" for Joint Ownership by either the Applicant or Co-Applicant and another party. If there is insufficient space on any schedule please include a separate listing in similar detail.

A STATEMENT OF ASSETS AND LIABILITIES AS OF _____, 20____						
Cash or Equivalent	DIRECT ASSETS	AMOUNT	Owned By A, C, J, or N	DIRECT LIABILITIES	AMOUNT	Owned By A, C, J, or N
		Checking Accounts			Life Insurance Loans (from Schedule 1)	
	Savings Accounts			Loans Owng Banks and Others (from Schedule 8)		
	Money Market Accounts/ Savings Certificates			Accounts and Bills Owng		
	Cash Value Life Ins.-from Schedule 1 (not face value-do not deduct loans)			Taxes Owng		
	Fully Marketable Securities (from schedule 2)			Mortgages Owng -Personal Real Estate (from Schedule 5)		
	Non-Marketable Securities (from Schedule 3)			Mortgages Owng-Investment Real Estate (from Schedule 6)		
	Accounts/Notes Receivable (from Schedule 4)			Deferred Tax Liability on Market Value of Assets vs. Depreciated Cost		
	Real Estate for Personal Use (from Schedule 5)			Other Liabilities (Describe)		
	Real Estate Investments (from Schedule 6)					
	Ownership in Privately Owned Business(es) (from Schedule 7)					
	Automobiles*					
	Personal Effects					
	Other Assets* (Describe)					
				TOTAL LIABILITIES		
				NET WORTH (Total assets minus total liabilities)		
	TOTAL ASSETS			TOTAL LIABILITIES & NET WORTH		

B CONTINGENT AND (INDIRECT) ASSETS: Such as trust, vested pensions, renewal commissions, etc.			CONTINGENT AND (INDIRECT) LIABILITIES: Lease obligations, legal claims, contracts, co-maker, surety, endorser or guarantor for debts of others		
DESCRIPTION	AMOUNT*	Owned By A, C, J, or N	DESCRIPTION	AMOUNT	Owned By A, C, J, or N
	TOTAL		TOTAL		

Applicant _____

Co-Applicant _____

SCHEDULE 1 Life Insurance Carried (include "GI" and group insurance)						
Insurance Company	Name of Insured	Face Amount of Policy	Cash Surrender Value	Policy Loans	Policy Owner	If assigned, to whom?
TOTAL ↓				*		

SCHEDULE 2 Fully-Marketable (i.e. Registered and Traded) Stocks, Bonds, Treasury Bills, etc. (use additional sheet if necessary)						
Bond Par or No. of Shares	Description of Security	Cost	Registered Owner(s)	Mkt. Value on Statement Date	Exchange Where Traded	
TOTAL ↓					*	

SCHEDULE 3 Non-Marketable Securities				
Bond Par or No. of Shares	Description of Security	Cost	Registered Owner(s)	Estimated Mkt. Value on Statement Date
TOTAL ↓				

SCHEDULE 4 Accounts and Notes Receivable							
Date of Note or Account	Due From	Original Amount	Present Balance	Repayment Terms	Owned By A, C, J, or N	Security held for this debt	
						Description	Cost
TOTAL ↓				*			

* Show on page 1.

Applicant _____

Co-Applicant _____

SCHEDULE 5 Real Estate for Personal Use						
Address: street, city, township, county, state	Title in name(s) of:	Original investment year	Your original \$ investment	Total Mortgage	% owned by you	Market Value of your % of investment
TOTAL ↓						

SCHEDULE 6 Investments in Real Estate						
Description/Location of real estate investment	Title in name(s) of:	Original investment year	Your original \$ investment	Total Mortgage	% owned by you	Market Value of your % of investment
TOTAL ↓						

SCHEDULE 7 Ownership in Privately Held Business(es)							
Business name and address	Form of ownership**	Owned By A, C, J, or N	Nature of business	Date of investment	Original investment cost	% of ownership	Estimated Market Value of your investment
TOTAL ↓							

**Indicate: proprietor, general partner, limited partner, or corporation

SCHEDULE 8 Loans Owed to Banks, Brokers, Finance Companies, and Others (MasterCard, Visa, Etc.)							
Owing to (Show Acct. No.)	Orig. of A, C, J, or N	Original Amount	Date of Orig. Borrowing	Present Balance Due	Monthly Payment	Date of Final Payment	Secured By
TOTAL ↓							

* Show these values on page 1.

Applicant _____

APPLICANT			
PERSONAL INFORMATION		GENERAL INFORMATION	
EMPLOYER'S NAME	POSITION	Are you a defendant in any suit or legal action? YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADDRESS		If yes, explain:	
CITY	STATE ZIP YEARS THERE	Are you presently subject to any unsatisfied judgments or tax liens? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PREVIOUS EMPLOYER'S NAME		If yes, explain:	
ADDRESS		Have you ever been through bankruptcy or settled any debts for less than amount owed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
CITY STATE ZIP YEARS THERE		If yes, explain:	
SOURCES OF ANNUAL INCOME		Have you filed Federal Tax Returns for the most recent year? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Salary (amount reported on W-2) or Professional net income	\$	Have you paid all related taxes?	Date of last IRS Audit
Bonuses and Commissions	\$	YES <input type="checkbox"/> NO <input type="checkbox"/>	____/____/____
Interest and Dividends	\$	*Allimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation	
Alimony, Child Support and Separate Maintenance Payments**	\$	CO-APPLICANT	
Net Real Estate Income	\$	PERSONAL INFORMATION	
Other Income Describe	\$	EMPLOYER'S NAME POSITION	
	\$	ADDRESS	
TOTAL ANNUAL INCOME ↓	\$	CITY STATE ZIP YEARS THERE	
		PREVIOUS EMPLOYER'S NAME	
		ADDRESS	
		CITY STATE ZIP YEARS THERE	
		SOURCES OF ANNUAL INCOME	
Salary (amount reported on W-2) or Professional net income	\$	Are you a defendant in any suit or legal action? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Bonuses and Commissions	\$	If yes, explain:	
Interest and Dividends	\$	Are you presently subject to any unsatisfied judgments or tax liens? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Alimony, Child Support and Separate Maintenance Payments**	\$	If yes, explain:	
Net Real Estate Income	\$	Have you ever been through bankruptcy or settled any debts for less than amount owed? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other Income Describe	\$	If yes, explain:	
	\$	Have you filed Federal Tax Returns for the most recent year? YES <input type="checkbox"/> NO <input type="checkbox"/>	
TOTAL ANNUAL INCOME ↓	\$	Have you paid all related taxes?	Date of last IRS Audit
		YES <input type="checkbox"/> NO <input type="checkbox"/>	____/____/____
		*Allimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation	

Date signed _____, 20____ Applicant _____

Date signed _____, 20____ Co-Applicant _____