

PERSONAL FINANCIAL STATEMENT

DATE _____

NAME _____

ADDRESS _____ PHONE _____

BUSINESS OR OCCUPATION _____ PHONE _____

THE FOLLOWING IS A STATEMENT OF

CONDITION ON _____

FILL IN DATE



ASSETS	DOLLARS	CENTS	LIABILITIES	DOLLARS	CENTS
CASH ON HAND			NOTES PAYABLE TO BANKS-UNSECURED		
CASH IN BANK					
NOTES RECEIVABLE-SECURED BY MORTGAGE					
NOTES RECEIVABLE-OTHERWISE SECURED			NOTES PAYABLE-OTHER THAN TO BANKS-UNSECURED		
NOTES RECEIVABLE-UNSECURED			NOTES PAYABLE WITH SECURITY		
ACCOUNTS RECEIVABLE-NOT DUE			OTHER THAN REAL ESTATE (ITEMIZE PAGE 2)		
ACCOUNTS RECEIVABLE-PAST DUE			ACCOUNTS PAYABLE		
U. S. GOVT. OBLIGATIONS			LOANS ON LIFE INSURANCE		
STOCKS, BONDS, AND OTHER INVESTMENTS <small>(INCLUDE FUNDS IN BUILDING OR SAVINGS AND LOAN COMPANIES) (ITEMIZE PAGE 2)</small>			TAXES		
CASH VALUE-LIFE INSURANCE			MORTGAGES OR LIENS ON REAL ESTATE (ITEMIZE BELOW)		
REAL ESTATE (ITEMIZE BELOW)			ANY OTHER INDEBTEDNESS-DUE WITHIN ONE YEAR		
AND OTHER ASSETS-ITEMIZE			ANY OTHER INDEBTEDNESS-DUE BEYOND ONE YEAR		
			TOTAL LIABILITIES		
			NET WORTH		
TOTAL			TOTAL		

SCHEDULE OF REAL ESTATE OWNED

DESCRIPTION AND LOCATION	TITLE IN WHOSE NAME	IMPROVED OR UNIMPROVED	APPRAISED VALUE	MORTGAGES	TAX VALUE	INSURANCE
			\$	\$	\$	\$

CONTINGENT LIABILITY OF ANY KIND (IF NONE, SO INDICATE)	DOLLARS	CENTS
UPON NOTES OR ACCOUNTS RECEIVABLE DISCOUNTED SOLD, OR ASSIGNED		
AS GUARANTOR FOR OTHERS ON NOTES, BONDS, CONTRACTS, ETC.		
ANY OTHER CONTINGENT LIABILITY-ITEMIZE		
TOTAL CONTINGENT LIABILITIES		

SEE OTHER SIDE

STOCKS, BONDS, AND OTHER INVESTMENTS

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

SCHEDULE OF LIABILITIES SECURED BY ASSETS OTHER THAN REAL ESTATE

NAME OF CREDITOR	AMOUNT	TYPE OF OBLIGATION	DESCRIPTION OF SECURITY	AMOUNT OF SECURITY
	\$			\$

STATEMENT OF NET WORTH AND INCOME AND EXPENSES FOR THE PERIOD BEGINNING _____ AND ENDING _____ FILL IN DATES

NET WORTH AT CLOSE OF PREVIOUS YEAR _____	\$		
ADD INCOME FOR PERIOD AS ABOVE FROM FOLLOWING SOURCES:			
SALARIES, WAGES, COMMISSIONS, FEES, ETC. _____	\$		
INCOME (OR LOSS) FROM BUSINESS OR PROFESSION _____			
INCOME (OR LOSS) FROM PARTNERSHIPS, SYNDICATES, POOLS, ETC. _____			
RENTS AND ROYALTIES _____			
PROFIT (OR LOSS) ON INVESTMENTS _____			
INCOME FROM INVESTMENTS _____			
OTHER INCOME-ITEMIZE _____			
TOTAL INCOME FOR PERIOD _____			
TOTAL _____	\$		
DEDUCT-EXPENSES PAID _____	\$		
TAXES PAID-FEDERAL INCOME \$ _____ OTHER \$ _____			
INTEREST PAID _____			
OTHER DEDUCTIONS-ITEMIZE _____			
TOTAL DEDUCTIONS FOR PERIOD _____			
NET WORTH AT CLOSE OF PERIOD (MUST AGREE WITH NET WORTH ON PAGE 1)	\$		

ALL QUESTIONS SHOULD BE ANSWERED

LIST ASSETS, PLEDGED OR HYPOTHECATED OTHER THAN AS STATED ABOVE _____

ARE THERE ANY JUDGMENTS UNSATISFIED OR SUITS PENDING AGAINST YOU? _____ AMOUNT \$ _____

LIFE INSURANCE CARRIED \$ _____ CASH VALUE \$ _____

NAME OF BENEFICIARY _____

STATE MAXIMUM AMOUNT BORROWED FROM ALL SOURCES AT ANY ONE TIME DURING YEAR
\$ _____ DATE _____

STATE MINIMUM AMOUNT BORROWED FROM ALL SOURCES AT ANY ONE TIME DURING YEAR
\$ _____ DATE _____

THE UNDERSIGNED HEREBY CERTIFIES THAT THE FOREGOING STATEMENT HAS BEEN CAREFULLY READ BY THE UNDERSIGNED, THAT IT IS A TRUE AND CORRECT STATEMENT OF THE UNDERSIGNED'S FINANCIAL CONDITION, AND THAT IT IS DELIVERED TO YOU FOR THE PURPOSE OF PROCURING CREDI

THE FOREGOING IS A STATEMENT OF MY FINANCIAL CONDITION ON _____

DATE SIGNED _____

SIGN HERE _____