



PERSONAL FINANCIAL STATEMENT

Section 1 - Individual Information		Section 2 - Other Party Information (if this is a joint statement)	
Name		Name	
Address		Address	
City, State, & Zip		City, State, & Zip	
Email Address		Email Address	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Personal Phone	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other	Personal Phone	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other
Business Phone		Business Phone	

Section 3 - Statement of Financial Condition as of date:

_____ / _____ / _____
 Month Day Year

Assets (Do not include assets of doubtful value)	In dollars (omit cents)	Liabilities	In dollars (omit cents)
Checking, Saving, & Money Market Accts (Schedule 1)		Life Insurance Loans (Schedule 2)	
Certificates of Deposit (Schedule 1)		Amount Owed to All Financial Institutions (Schedule 9)	
Cash Surrender Value of Life Insurance (Schedule 2)		Amounts Payable to Others - Secured	
Marketable Securities (Schedule 3)		Amounts Payable to Others - Unsecured	
Securities Held in Margin Accounts (Schedule 3)		Accounts and Bills Due (Past Due)	
Non-Marketable Securities & Retirement Acct (Schedule 4)		Unpaid Income Taxes (Past Due)	
Accounts & Notes Receivable (Schedule 5)		Other Unpaid Taxes and Interest	
Real Estate for Personal Use (Schedule 6)		Mortgage Balances of Personal Real Estate (Schedule 6)	
Real Estate for Investment Use (Schedule 7)		Mortgage Balances of Investment Real Estate (Schedule 7)	
Ownership in Privately Owned Businesses (Schedule 8)		Other Liabilities (Car Payments, Credit Cards, etc.) Please itemize below:	
Other Assets (Automobiles, Personal Property, etc.) Please itemize below:			
		Total Liabilities	
		Total Net Worth	
Total Assets		Total Liabilities and Net Worth	

SCHEDULE 1 - CASH AND DEPOSIT ACCOUNTS IN BANKS

Description	Name of Institution	In Name of	Pledged? Yes/No	Value
			TOTAL	

SCHEDULE 2 - LIFE INSURANCE (INCLUDING GROUP INSURANCE)

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value
TOTAL					

SCHEDULE 3 - MARKETABLE SECURITIES & BONDS (INCLUDING GOVERNMENT ISSUES)

Description	In Name(s) of	Pledged? Yes/No	Cost	Market Value
TOTAL				

SCHEDULE 4 - NON-MARKETABLE SECURITIES & RETIREMENT PLANS

Description	In Name(s) of	Pledged? Yes/No	Cost	Market Value
TOTAL				

SCHEDULE 5 - ACCOUNTS AND NOTES RECEIVABLE DUE FROM OTHERS

Name of Debtor	Origination Date of Loan	Maturity Date	Secured or Unsecured?	Monthly Payment	Present Balance
TOTAL					

SCHEDULE 6 - REAL ESTATE FOR PERSONAL USE (PARTIALLY OR WHOLLY OWNED)

Address (Street, City, State) of Property	Title in Name of	% of Ownership	Date Acquired	Mortgage Maturity	Cost	Market Value	Entire Monthly Payment	Mortgage Balance
TOTAL							TOTAL	

SCHEDULE 7 - REAL ESTATE FOR INVESTMENT USE (PARTIALLY OR WHOLLY OWNED)

Provide separate document (SREO) if four or more properties are owned

Address (Street, City, State) of Property	Title in Name of	% of Ownership	Date Acquired	Mortgage Maturity	Cost	Market Value	Entire Monthly Payment	Mortgage Balance
TOTAL							TOTAL	

SCHEDULE 8 - BUSINESS VENTURES AND OTHER ASSETS

Name of any Business Venture in which you are an Owner or Partner	Title in Name of	Number of Years in Business	Your Position / Title in the Business	Book Value of Business (Equity Only)	Your Percent of Ownership	Book Value of Business Owned by You
TOTAL						

SECTION 4 - ANNUAL INCOME SUMMARY				OTHER LIABILITIES			Estimated Amount
	INDIVIDUAL		OTHER PARTY		Do you have any of the following?	Yes	
Salary					Contingent Liabilities	<input type="checkbox"/>	<input type="checkbox"/>
Bonus & Commissions					Unresolved Litigations	<input type="checkbox"/>	<input type="checkbox"/>
Dividends & Interest					Other Special Debt or Circumstances	<input type="checkbox"/>	<input type="checkbox"/>
Net Real Estate Income					Tax Liens	<input type="checkbox"/>	<input type="checkbox"/>
Other Income*:					TOTAL OTHER LIABILITIES:		
TOTAL INCOME:					If "yes" to any of the above, please describe below:		
	YES	NO	YES	NO			
Have you ever declared bankruptcy? If so, describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Are you a defendant in any legal actions? If so, describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have any unsatisfied judgments/tax liens? If so, describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

*Alimony, 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.

Signature (Individual) _____

Signature (Other Party) _____

Date of Birth _____

Date of Birth _____

Date Signed _____

Date Signed _____