



PERSONAL FINANCIAL STATEMENT

NAME		SOCIAL SECURITY NUMBER
ADDRESS	ZIP	HOME TELEPHONE NUMBER
NAME (IF JOINT)		SOCIAL SECURITY NUMBER
ADDRESS	ZIP	HOME TELEPHONE NUMBER

We suggest that you review the whole form before beginning to fill it out. Spaces left unfilled will be assumed to mean “no” or “none”.

ASSETS: Only assets titled directly in the name(s) above should be listed. Please show the dollar value of your interest in assets shared with others under “Other Investments” or “Other Assets”. Contingent (indirect) assets (e.g., trusts, vested pension benefits, etc.) may be listed in the space provided below.

LIABILITIES: List all direct liabilities. Please show those joint with others under “Other Liabilities” noting the percentage and dollar amount for which you would be liable. Contingent (indirect) liabilities should be listed in the space provided below.

Statement of Assets and Liabilities as of _____, _____.

ASSETS	IN DOLLARS	LIABILITIES	IN DOLLARS
Cash on Hand		Life Insurance Loans From Schedule 2	
Cash in Financial Institutions From Schedule 1		Loans Owning Bank and Others From Schedule 9	
Cash Value Life Ins. – From Schedule 2 (Not face value – Do not deduct loans)		Accounts and Bills Owning	
Marketable Securities – Total From Schedule 3		Taxes Owning	
Non-Marketable Securities From Schedule 4			
Accounts/Notes Receivable From Schedule 5			
Real Estate From Schedule 6		Mortgage Owning From Schedule 6	
Ownership in Privately Business From Schedule 7		Other Liabilities (Describe)	
Automobiles*			
Personal Effects			
Retirement Plans From Schedule 8 SEE ATTACHED			
Other Assets* (Describe)			
		TOTAL LIABILITIES	
		NET WORTH (Total Assets minus Total Liabilities)	
TOTAL ASSETS		TOTAL LIABILITES and NET WORTH	

* Specify Cost or Market Value where applicable. Please do not include leased items.

CONTINGENT ASSETS: Trusts, Vested Pensions, Renewal Commissions, etc.		CONTINGENT LIABILITIES: On Leases, Legal Claims, Contracts and as Co maker, Surety, Endorser or Guarantor for debts of others.	
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

WORKSHEET #1

SCHEDULE 1 – Cash in Financial Institutions

INSTITUTION	TYPE OF ACCOUNT	ACCOUNT NO.	DATE OPENED	BALANCE
Total				

SCHEDULE 2 – Life Insurance Carried (Include “G.I.” and Group Insurance)

Insurance Company	Policy Owner	Face Amt of Policy	Cash Surrender Value	Policy Loans	Name of Insured	Beneficiary	If Assigned, To Whom?
TOTAL			\$	\$			

SCHEDULE 3 – Fully marketable (i.e., Registered and Traded) Stocks, Bonds, Treasury Bills, etc. Use Additional Sheets as necessary.

Bond Par or No. of Shares	Description of Security	Registered Owner	Mkt Value on Statement Date	Where Traded?	Indicate If Restricted or Pledged	
TOTAL			\$			

(SHOW AS ASSET ON PAGE 1)

Are you an officer or Director of any of the above listed Corporations? If so, which ones?	PERCENTAGE OF OWNERSHIP

SCHEDULE 4 – Non-Marketable Securities. Use additional Sheets as necessary.

Bond Par or No. of Shares	Description of Security	Registered Owner	Value on Statement Date	Where Traded?	Indicate If Restricted or Pledged	
TOTAL						

SCHEDULE 5 – Accounts and Notes Receivable

Date of Receivable	Due From	Original Amount	Present Balance	Repayment Terms	Security Held for this debt	
TOTAL			\$			

ACCOUNTANT TELE. # _____

LAWYER TELE. # _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

WORKSHEET #2

SCHEDULE 6 – REAL ESTATE

				Mortgages				
Address: Street, City, Twp., Co., State	Titled in Names(s) of	Date Bought	Original Cost	Market Value	Present Bal. Due	Maturity Date	Owed To	Monthly Payment
TOTAL				\$	\$			

(SHOW AS ASSET ON PAGE 1)

SCHEDULE 7 – Ownership in Privately Held Business(es)

Name of Business	Address	Owner's Name	% Owned	Open Since	Type of Business	Market Value	Amount of Loans on Business

*Indicate one of the following: Proprietor, General Partner, Limited Partner or Corporation TOTAL

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SCHEDULE 8 – retirement Plans (Individual Retirement Accounts, Keogh Accounts, Profit Sharing)

Institution	Type of Plan	Acct. No	Name of Owner	Name of Beneficiary	Market Value	Amt. Contrib Annually	Rate of Return
TOTAL					\$		
TOTAL					\$		

(SHOW AS ASSET ON PAGE 1)

SCHEDULE 9 – Loans Owing Banks, Brokers, Finance Companies and Others

Owing To	Original Amt	Date of Original Borrowing	Present Balance Due	Repayment Terms	Date of Final Pmt	Collateral Description	Purpose
		TOTAL	\$				

(SHOW AS LIABILITY ON PAGE 1)

SOURCES OF ANNUAL INCOME

	NAME	NAME	TOTAL
Professional Income (Net) and/or Salary	\$	\$	\$
Bonus and Commissions			
Interest and Dividends			
Net Real Estate Income			
Alimony, child support and separate maintenance payments need not be revealed unless the applicant(s) desire such income to be considered in evaluating creditworthiness.			
Other Income (Describe)			
TOTAL	\$	\$	\$

EMPLOYMENT INFORMATION

Employer	Years There	Employer	Years There
Position	Telephone #	Position	Telephone #
Business Address	Business Address		

OTHER INFORMATION

Do (either of) you have a will? Name and Address of Executor(s)	Date of Will(s)?	Name(s) of Dependent(s)
Are (either of) you a defendant in any suit or legal actions? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain)		Have (either of) you been through bankruptcy or settled any debts for less than amounts owed? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain)
Are (either of) you presently subject to any unsatisfied judgments or tax liens? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain)		When, if ever, have (either of) you been audited by the IRS?

PLEASE NOTE CAREFULLY

I authorize Loanviser and any assignee, lender or funding service to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above statements contained in the attachments are true and accurate as of the state date(s). These statements are made for the purpose of obtaining financing.

EACH PARTY TO THE STATEMENT MUST SIGN BELOW

Date Signed: _____

Signature (Individual) _____ (SEAL)

Date of Birth _____

Date Signed: _____

Signature (Individual) _____ (SEAL)