



PERSONAL FINANCIAL STATEMENT

As of _____, _____

| | |
|-------------------------|-----------------|
| Name | Business Phone |
| Residence Address | Residence Phone |
| City, State, & Zip Code | |

Business Name of Applicant/Borrower

| ASSETS | (Omit Cents) | LIABILITIES | (Omit Cents) |
|--|--------------|---|--------------|
| Cash on hand & in Banks | \$ _____ | Accounts Payable | \$ _____ |
| Savings Accounts | \$ _____ | Notes Payable to Banks and Others | \$ _____ |
| IRA or Other Retirement Account | \$ _____ | (Describe in Section 2) | |
| Accounts & Notes Receivable | \$ _____ | Installment Account (Auto) | \$ _____ |
| Life Insurance-Cash Surrender Value Only | \$ _____ | Mo. Payments \$ _____ | |
| (Complete Section 8) | | Installment Account (Other) | \$ _____ |
| Stocks and Bonds | \$ _____ | Mo. Payments \$ _____ | |
| (Describe in Section 3) | | Loan on Life Insurance | \$ _____ |
| Real Estate | \$ _____ | Mortgages on Real Estate | \$ _____ |
| (Describe in Section 4) | | (Describe in Section 4) | |
| Automobile-Present Value | \$ _____ | Unpaid Taxes | \$ _____ |
| Other Personal Property | \$ _____ | (Describe in Section 6) | |
| (Describe in Section 5) | | Other Liabilities | \$ _____ |
| Other Assets | \$ _____ | (Describe in Section 7) | |
| (Describe in Section 5) | | Total Liabilities | \$ _____ |
| Total | \$ _____ | Net Worth | \$ _____ |
| | | Total | \$ _____ |

| Section 1. Source of Income | Contingent Liabilities |
|--------------------------------------|--|
| Salary | As Endorser or Co-Maker |
| Net Investment Income | Legal Claims & Judgments |
| Real Estate Income | Provision for Federal Income Tax |
| Other Income (Describe below)* | Other Special Debt |

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

| Name and Address of Noteholder(s) | Original Balance | Current Balance | Payment Amount | Frequency (monthly, etc.) | How Secured or Endorsed Type of Collateral |
|-----------------------------------|------------------|-----------------|----------------|---------------------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed). | | | | | |
|--|--------------------|------|---------------------------------|----------------------------|-------------|
| Number of Shares | Name of Securities | Cost | Market Value Quotation/Exchange | Date of Quotation/Exchange | Total Value |
| | | | | | |
| | | | | | |
| | | | | | |

| Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.) | | | |
|---|------------|------------|------------|
| | Property A | Property B | Property C |
| Type of Property | | | |
| Address | | | |
| Date Purchased | | | |
| Original Cost | | | |
| Present Market Value | | | |
| Name & Address of Mortgage Holder | | | |
| Mortgage Account Number | | | |
| Mortgage Balance | | | |
| Amount of Payment per Month/Year | | | |
| Status of Mortgage | | | |

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). The statements are made for the purpose of either obtaining surety credit or insurance. I understand that FALSE statements may result in the forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

Please Note: This form must be filled out in its entirety and should not contain any blank sections. Please write "N/A" if a section or line does not apply.