

PERSONAL FINANCIAL STATEMENT OF:

Name: _____		Ssn #: _____
Address: _____		
Spouse: _____		Ssn#: _____
Home: ()	Bus: ()	

As of: _____ Year: _____

CURRENT ASSETS	Dollars	Cents	CURRENT LIABILITES	Dollars	Cents
Cash on Hand			Notes Payable (names and addresses)		
Cash In Banks (list banks)					
			Sales Contracts & Chattel Mfgs.(Secdule 6)		
Stocks & Bonds (Schedule 1)			Accounts Payable		
Accounts receivable (Schedule 2)			Current portion long term debt		
Notes Receivable (Schedule 3)			Other current liabilites (Schedule 6)		
Other current assets (Itemize):					
			Current Year's Income Taxes Unpaid		
			Prior Years Income Taxes Unpaid		
			Real Estate Taxes Unpaid		
TOTAL CURRENT ASSETS			TOTAL CURRENT LIABILITES		
FIXED ASSETS			LONG TERM LIABILITES		
Real Estate (Schedule 4):			Real Estate debt (Schedule 4)		
Residence			Residence		
Other			Other		
Cash Value of Life Insurance (Schedule 5)			Borrowed on Life Insurance (Schedule 5)		
Other assets and investments (Schedule 6)			Other long term debt (Schedule 6)		
TOTAL FIXED ASSETS			TOTAL LONG TERM LIABILITES		
TOTAL ASSETS			NET WORTH		
			TOTAL LIABILITY & NET WORTH		

Contingent Liabilites For Endorssement Guarntees:\$ _____ For other purposes: \$ _____

Details relative to Assets and Liabilities (if space is needed attach supplemental list)

Stocks And Bonds: (Schedule 1) *Please provide copies of Stock and Bond Certificates you are pledging.*

Security Description	No. Shares	Exchange	Dividend PD	No. Pledged	Where Pledged	Book Value	Mkt Value
Totals							

Accounts Receivable: (Schedule 2) **Totals**

Maker	Endorser	Maturity	Interest%	Secured By	Face Value	Balance
Totals						

Notes Receivable: (Schedule 3) **Totals**

Maker	Endorser	Maturity	Interest%	Secured By	Face Value	Balance
Totals						

Real Estate: (Schedule 4) **Totals**

Description	Title in Name of	Mkt Value	Mtg Amount	Mtg Date	Mo. Payment	Mo. Income
Totals						

Please provide copies of current: Tax statements, Mortgage statements, Deed of Trust, Appraisals, Promissory Notes, Etc.

Life Insurance Cash Value: (Schedule 5)

Insurance Company	Beneficiary	Policy #	Face Amt	Cash Value	Amt of Loan	Premium Amt

Signature

Signature

SWORN TO AND SUBSCRIBED BEFORE ME

Date: _____
