

PERSONAL FINANCIAL STATEMENT

Name _____

To: _____

Address _____

I make the following statement of all my assets and liabilities as of the _____ day of _____, _____, and give other information for the purpose of obtaining credit with you on notes and bills bearing my signature, endorsement, or guarantee, and agree to notify you promptly of any change affecting my ability to pay.

(PLEASE ANSWER ALL QUESTIONS, USING "NO" OR "NONE" WHERE NECESSARY)

ASSETS		LIABILITIES AND NET WORTH	
1.	Cash (See Sched. No. 1) On hand, and unrestricted in banks	\$	18. Notes Payable to Banks, Unsecured Direct borrowings only (See Sched. No. 1)
2.	U.S. Government Securities (Guaranteed)		19. Notes Payable to Banks, Secured Direct borrowings only (See Sched. No.1)
3.	Government Agencies Securities		20. Notes Receivable, Discounted (See Sched. No. 1) With banks, finance companies, etc.
4.	Accounts and Loans Receivable (See Sched. No. 2)		21. Notes Payable to Others, Unsecured
5.	Notes Receivable, Not Discounted (See Sched. No. 2)		22. Notes Payable to Others, Secured
6.	Notes Receivable, Discounted (See Sched. No. 2) With banks, finance companies, etc.		23. Loans Against Life Insurance (See Sched. No. 3)
7.	Life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched. No. 3)		24. Accounts Payable
8.	Stocks and Securities Other Than Guaranteed U.S. Gov't and Gov't Agencies (See Sched. No. 4)		25. Interest Payable
9.	Real Estate Registered in own name. (See S Sched. No. 5)		26. Taxes and Assessments Payable (See Sched. No. 5)
10.	Automobiles Registered in own name.		27. Mortgage Payable on Real Estate (See Sched. No. 5)
11.	Other Assets (Itemize)		28. Brokers Margin Accounts (See S Sched. No. 7)
12.			29. Other Liabilities (Itemize)
13.	Sub Total \$		30.
14.	Less Line No. 31 \$		31. Total Liabilities
15.	Net Worth (To be shown on line No. 33) \$		32.
16.			33. Net Worth (From Line No. 15)
17.	TOTAL ASSETS \$		34. TOTAL LIABILITIES and NET WORTH (Line 31 plus line 33)

SOURCE OF INCOME		PERSONAL INFORMATION	
Salary	\$	Business or Occupation	Age
Bonus and Commissions	\$	Partner or officer in any other venture	Dependant Children Other Dependants
Dividends	\$		
Real Estate Income	\$		
Other Income - Itemize	\$	Married	
TOTAL	\$	Single	

CONTINGENT LIABILITIES		GENERAL INFORMATION	
As endorser or co-maker	\$	Are any assets pledged?	
On leases or contracts	\$	Are you defendants in any suits or legal actions?	
Legal claims	\$	Have you ever made a composition settlement? Explain:	
Provision for Federal Income Taxes	\$	Have you ever taken bankruptcy? Explain:	
Other special debt	\$		

SUPPLEMENTARY SCHEDULES

No. 1 Banking Relations. (A list of all my bank accounts, including savings, and loans)

Name and Location of Bank	Cash Balance	Amount of Loan	Maturity of Loan	How Endorsed, Guaranteed, or Secured

See Other Side

No. 2 Accounts Loans and Notes Receivable. (A list of the largest amounts owing to me)

Name and Address of Debtor	Amount Owing	Age of Debt	Description of Nature of Debt	Description of Security Held	Maturity

No. 3 Life Insurance.

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned?

No. 4. Stocks and Securities Other Than Guaranteed U.S. Government Securities and Government Agencies.

Face Value (Bonds) No. of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged

No. 5. Real Estate. The legal and equitable title to all the real estate listed in this statement is solely in the name of the undersigned, except as follows:

Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Dates and Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
							Year	Amount

No. 6. Brokers Margin Accounts. List the names and addresses of the brokers and indicate the net amount due each:

Under penalty for making false statements or overvaluing property to influence the action of any FDIC insured bank, the undersigned certifies that the information contained in this statement is true and correct.

Social Security Number

Date

Signature

Social Security Number

Date

Signature