



Statement Date _____

Personal Financial Statement

Name:		Primary Phone:	
Residence Address:		Secondary Phone:	
City, State, & Zip Code:		Email:	
Date of Birth:		Occupation:	
Social Security Number:		Employer Name:	
Drivers License Number:		Number of Years:	
Mother's Maiden Name:		Annual Compensation:	
Do You have a Will? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is the name of the Executor:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (includes single, divorced and widowed)			
Are you party to any claims or lawsuits or have you ever filed bankruptcy or had a judgment against you? <input type="checkbox"/> Yes <input type="checkbox"/> No			

* (Please attach explanatory notes or detailed schedules as needed)

Assets		Liabilities	
Cash & Deposit Accounts		Mortgages - Primary Residence	
401K & IRAs		Mortgages - Other Real Estate	
Publicly traded Stocks, Bonds, Investments		Installment loans	
Privately held Business Interests		Credit Cards	
Accounts & Notes Receivable		Unpaid Taxes Due	
Primary Residence		Other Liabilities	
Other Real Estate		Total Liabilities	
Other Assets			
Total Assets		(Assets - Liabilities) Net Worth	

Contingent Liabilities	(explanation)
Guarantor on loans	
Endorser on contracts	
Other Contingent Liabilities	
Total Contingent Liabilities	

Statement of Cash Flow <input type="checkbox"/> Check here if you are providing a current, complete tax return with schedules in lieu of completing this section.			
Salary or Wages		Debt payments	
Rental Property (Gross Income)		Taxes	
Business (Net Income)		Insurance	
Other Income*		Non-Debt Living Expenses	
Total Income		Total Expenses	

*only complete if you wish to have other income considered as a loan repayment source

Cash & Deposits			
Name of Credit Union or Bank	Amount	Are these pledged as collateral?	Comments
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

401K & Retirement Accounts		
Account Owner's Name	Amount	Comments

Stocks, Bonds and Investments (Publicly Traded)				
Name of Issuer or Symbol	Market Value	Number of shares	Price per share	Comments

