



PERSONAL FINANCIAL STATEMENT

Section 1 – Individual Information (type or print)		Section 2 – Other Party Information (type or print)	
Name: <input style="width: 90%;" type="text"/>	Name: <input style="width: 90%;" type="text"/>		
Address: <input style="width: 95%;" type="text"/>	Address: <input style="width: 95%;" type="text"/>		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
City, State & Zip: <input style="width: 90%;" type="text"/>	City, State & Zip: <input style="width: 90%;" type="text"/>		
Position or Occupation: <input style="width: 90%;" type="text"/>	Position or Occupation: <input style="width: 90%;" type="text"/>		
Business Name: <input style="width: 90%;" type="text"/>	Business Name: <input style="width: 90%;" type="text"/>		
Business Address: <input style="width: 95%;" type="text"/>	Business Address: <input style="width: 95%;" type="text"/>		
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
City, State & Zip: <input style="width: 90%;" type="text"/>	City, State & Zip: <input style="width: 90%;" type="text"/>		
Length of Employment: <input style="width: 90%;" type="text"/>	Length of Employment: <input style="width: 90%;" type="text"/>		
Res. Phone: <input style="width: 20%;" type="text"/>	Bus. Phone: <input style="width: 20%;" type="text"/>		

Section 3 – Statement of Financial Condition as of 20 <input style="width: 40px;" type="text"/>			
Assets <small>(Do not include assets of doubtful value)</small>	In dollars <small>(omit cents)</small>	Liabilities	In dollars <small>(omit cents)</small>
Cash on hand and in this bank	<input style="width: 80%;" type="text"/>	Notes payable to banks - see Schedule E	<input style="width: 80%;" type="text"/>
Cash in other banks	<input style="width: 80%;" type="text"/>	Notes payable to other institutions - see Schedule E	<input style="width: 80%;" type="text"/>
U.S. Gov't & marketable securities - See Schedule A	<input style="width: 80%;" type="text"/>	Due to brokers	<input style="width: 80%;" type="text"/>
Non-marketable securities - See Schedule B	<input style="width: 80%;" type="text"/>	Amounts payable to others - secured	<input style="width: 80%;" type="text"/>
Securities held by broker in margin accounts	<input style="width: 80%;" type="text"/>	Amounts payable to others - unsecured	<input style="width: 80%;" type="text"/>
Restricted, control, or margin account stocks	<input style="width: 80%;" type="text"/>	Accounts and bills due	<input style="width: 80%;" type="text"/>
Real estate equities - See Schedule C	<input style="width: 80%;" type="text"/>	Unpaid income tax	<input style="width: 80%;" type="text"/>
Accounts, loans, and notes receivable	<input style="width: 80%;" type="text"/>	Other unpaid taxes and interest	<input style="width: 80%;" type="text"/>
Automobiles	<input style="width: 80%;" type="text"/>	Real estate mortgages payable - see Schedules C & E	<input style="width: 80%;" type="text"/>
Other personal property	<input style="width: 80%;" type="text"/>	Other debts (car payments, credit cards, etc.) - itemize	<input style="width: 80%;" type="text"/>
Cash surrender value-life insurance - See Schedule D	<input style="width: 80%;" type="text"/>		
Other assets - itemize - See Schedule F if applicable	<input style="width: 80%;" type="text"/>		
		Total Liabilities:	<input style="width: 80%;" type="text"/>
		Net Worth:	<input style="width: 80%;" type="text"/>
Total Assets:	<input style="width: 80%;" type="text"/>	Total Liabilities and Net Worth:	<input style="width: 80%;" type="text"/>

SCHEDULE D – LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of insurance company	Owner of policy	Beneficiary and relationship	Face amount	Policy loans	Cash surrender value

SCHEDULE E – BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and address of creditor	Owner loan/line amount	Date of loan	Maturity date	Unsecured or secured (list collateral)	Amount owed

SCHEDULE F – BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and address of any business ventures in which you are a principal or partner	Total assets listed in section 3	% of ownership	Position/Title in the business	Total assets of business	Line of business	Years in business

Signature (individual): _____

Date:

Signature (Joint): _____

Date: