

Financial	Statement	as of	/	/

Section 1: Personal & Business Information

Individual Information		Business Information				
Name:		Business Name:				
Mailing Address:		Business Mailing Address:				
City, State & Zip:		City, State & Zip:				
S.S.N.:	D.O.B.	E-mail Address:				
Phone Number:	Cell Phone:	Tax Identification Number(TIN):				

Section 2: Statement of Financial Condition attach separate sheet if more space is needed.

Use financial schedules on backside to help complete this section	Us	e financial	schedules on	backside to he	lp comp	olete this	section.
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Assets	Amount	Liabilities	Amount
Cash in Financial Institutions (schedule 1):		Loans payable to banks (schedule 6):	
Due from friends/relatives/others (schedule 2):		Amounts due to Suppliers / Store Credit:	
Mortgage & contracts for deed owned (schedule 2):		Credit cards (MC, VISA, AMEX, others):	
Business ventures (schedule 3):			
Securities owned (schedule 4):		Income Taxes payable:	
Personal Residence & other real estate owned (schedule 5):		Other taxes payable:	
Cash surrender value of life insurance (schedule 7):			
Automobiles (year, make, model):		Loans on life insurance (schedule 7):	
		Mortgage on homestead (schedule 5):	
Personal Property / Other Assets:		Mortgage or liens on other real estate (schedule 5):	
Equipment / Tools:		Contracts for deed (schedule 2):	
		Other liabilities:	
Total Assets		Total Liabilities	
		NET WORTH (total assets less total liabilities)	

Section 3: Annual Income & Expenditures

Annual Income	Amount	Annual Expenditures	Amount
Salary:		Mortgage / rental payments:	
Commissions:		Real estate taxes and assessments:	
Dividends:		Taxes - federal, state, and local:	
Rental Income:		Insurance payments:	
Alimony, child support or maintenance:*		Other contract payments:	
*(You need not show this unless you wish us to consider it)		Car payments:	
		Credit card payments:	
Other Income:		Alimony, child support or maintenance:	
		Other Expenses:	
Total Income		Total Expenditures:	

I/we certify that we made no misrepresentation in this financial statement or in any related documents, that all information is true and complete, and that we did not omit any important information. Bank is authorized to verify with other parties and to make any investigation of our credit, either directly or through any agency employed by Bank for that purpose. I/we agree to answer any of the bank's questions about credit experience with me/us.

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Date

Other Participating Party Signature

Date



type of property	Schedule 1: (Cash In Finar	ncial Institu	utions							
Checking Savings CD IRA Total						Name of	Bank		Acc	ount Number	Amount
Checking Savings CD IRA											
Schedule 2: Due From Friends, Relatives & Others / Mortgage & Contracts For Deed Owned with Business Ventures Name of Debtor Coldateral Total Schedule 3: Business Ventures Where You Are A Principal or Pertner Business Name Equity of Business Schedule 4: Securities Schedule 4: Securities Owned (Stocks, Bonds, Refirement Accounts, Etc. No. Shares Description Name that it is registered Schedule 5: Personal Residence & Other Real Estate Owned Total Schedule 5: Personal Residence & Other Real Estate Owned Total Schedule 5: Personal Residence & Other Real Estate Owned Total Schedule 6: Loans Payable To Banks & Other Installment Contracts To Whom Payable Total Schedule 7: Life Insurance Insured Insured Insurance Company Beneficiary Face Value of Policy Cash Value Loans on Policy Contingent Liabilities Laursuits As Gusantor For Taxes Total Of All Contingent Liabilities	☐ Checking	☐ Savings	□CD	□IRA							
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