

Personal Financial Statement

Date:

APPLICANT INFO:

Full Name:
(First, Middle, Last)

Street Address:

City/State/Zip:

At Address Since:

Owned:
or
Rented

Rent/Month:

Social Security Number:

Date Of Birth:

Home Phone:

Cell Phone:

Employer Name:

Street Address:

City/State/Zip:

Position/Title:

Date of Hire:

Number of Dependents:
(Include Self)

Marital Status: Married: UnMarried: Separated/Divorced: Widowed:

Please complete all schedules and bring the totals forward to the following section:

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash (<i>Schedule 1</i>)		Outstanding Credit Card	
Securities (<i>Schedule 2</i>)		Operating Lines of Credit	
Receivables - Owned		Installment Loans Payable	
Real Estate Owned (<i>Schedule 3</i>)		Mortgages on Personal Residence	
Other Real Estate Owned (<i>Schedule 4</i>)		Mortgages on Other Real Estate	
Retirement Accounts		Taxes Due	
Automobiles <i>List by Age & Type</i>		Other Liabilities	
Other Assets		Sub Total Liabilities:	
		Net Worth:	
TOTAL ASSETS		TOTAL LIABILITIES/NET WORTH	