

PERSONAL FINANCIAL STATEMENT

Section 1
Personal
Information

1. Full Name (s) _____ 1a. Home Telephone () _____
 Spouse's Name _____
 Street Address _____
 City _____ State _____ Zip _____ 2. Marital Status:
 County of Residence _____ Married Separated
 How long at this address? _____ Unmarried (single, divorced, Widowed)

3. Your Social Security No. (SSN) ____/____/____ 3a. Your Date of Birth (mm/dd/yy) _____
 4. Spouse's Social Security No. ____/____/____ 4a. Spouse's Date of Birth (mm/dd/yy) _____

5. Own Home Rent Other (specify, i.e. share rent, live with relative) _____

6. List the dependents you can claim on your tax return: (Attach sheet if more space is needed)

First Name	Relationship	Age	Does this person live with you?	First Name	Relationship	Age	Does this person live with you?
_____	_____	_____	<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

Section 2
Your
Business
Information

7. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)
 No Yes If yes, provide the following information:
 7a. Name of Business _____ 7c. Employer Identification No., if available: _____
 7b. Street Address _____ 7d. Do you have employees? No Yes
 City _____ State _____ Zip _____ 7e. Do you have accounts/notes receivable? No Yes
 If yes, please complete Section 8 on page 5
ATTACHMENTS REQUIRED: Please include proof of self-employment income for the prior 2 months (e.g., invoices commissions, sales records, income statement)

Section 3
Employment
Information

8. Your Employer	9. Spouse's Employer
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Work Telephone No. (____) _____	Work Telephone No. (____) _____
May we contact you work? <input type="checkbox"/> No <input type="checkbox"/> Yes	May we contact you at work? <input type="checkbox"/> No <input type="checkbox"/> Yes
8a. How long with this employer? _____	9a. How long with this employer? _____
8b. Occupation _____	9b. Occupation _____

ATTACHMENTS REQUIRED: Please provide proof of gross earnings and deductions for the past 2 months from each employer (e.g. pay stubs, earnings statements). If year-to-date information is available, send only 1 such statement as long as a **minimum of 2 months** is represented.

Section 4
Other
Income
Information

10. Do you have income from sources other than your own business or your employer? (Check all that apply.)
 Pension Social Security Other (specify, i.e. child support, alimony, rental) _____
ATTACHMENTS REQUIRED: Please provide proof of pension/social security/other income for the past 2 months from each payer, including any statements showing deductions. If year-to-date information is available, send only 1 such statement as long as a **minimum of 2 months** is represented.

Section 5

11. CHECKING ACCOUNTS List all checking accounts. (If you need additional space, attach a separate sheet.)

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Balance
11a. <u>Checking</u>	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
11b. <u>Checking</u>	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
Total Checking Acct Balances				\$ _____

12. OTHER ACCOUNTS. List all accounts, including brokerage, savings and money markets not listed on line 11.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Balance
12a. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
12b. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
Total Other Account Balances				\$ _____

ATTACHMENTS REQUIRED: Please include your current bank statements (checking, savings, money market, and brokerage accounts) for the past two months for all accounts

13. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificate of deposits and retirement assets such as IRAs, Keogh and 401(k) plans. (Attach a separate sheet if you need additional space.)

Name of Company	Number of Shares/Units	Current Value	Loan Amount	Used as collateral on loan?
13a. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13b. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13c. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13d. Total Investments			\$ _____	

14. Cash on Hand. Include any money that you have that is not in the bank,

_____ **14a. Total Cash on Hand** **\$ _____**

15. Available Credit. List all lines of credit, including credit cards

Full name of Credit Institution	Credit Limit	Amount Owed	Available Credit
15a. Name _____ Street Address _____ City/State/Zip _____	_____	_____	_____
15b. Name _____ Street Address _____ City/State/Zip _____	_____	_____	_____
15c. Total Credit Available			\$ _____

Section 5
continued

16. LIFE INSURANCE. Do you have life insurance with a cash value? No Yes
 (Term Life Insurance does not have a cash value.) If Yes:

16a. Name of Insurance Company _____

16b. Policy Number(s) _____

16c. Owner of Policy _____

16d. Current Cash Value _____ **16e.** Outstanding Loan Balance \$ _____

Subtract "Outstanding Loan Balance" line 16 from "Current Cash Value" line 16d = 16f \$ _____

ATTACHMENTS REQUIRED: Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan.

Section 6

17. OTHER INFORMATION. Respond to the following questions related to your financial condition: (If you need more space, attach additional sheet.)

17a. Are there any garnishments against your wages? No Yes If yes, who is the creditor? _____
 Date creditor obtained judgment _____ Amount of debt \$ _____

17b. Are there any judgments against you? No Yes If yes, who is the creditor? _____
 Date creditor obtained judgment _____ Amount of debt \$ _____

17c. Are you a party in a lawsuit? No Yes If yes, amount of suit \$ _____
 Possible completion date _____ Subject matter of suit _____

17d. Did you ever file Bankruptcy? No Yes
 If yes, date filed _____ Date discharged _____

17e. In the past 10 years did you transfer any assets out of your name for less than their actual value? No Yes
 If yes, what asset? _____ Value of asset at time of transfer \$ _____
 When was it transferred? _____ To whom was it transferred? _____

17f. Do you anticipate any increase in household income in the next two years No Yes
 If yes, why will the income increase? (Attach sheet of paper if more space needed)

 How much will it increase \$ _____

17g. Are you a beneficiary of a trust or an estate? No Yes
 If yes, name of the trust or estate _____ Anticipated amount to be received \$ _____
 When will the amount be received _____

17h. Are you a participant in a profit sharing plan? No Yes
 If yes, name of plan _____ Value in plan \$ _____

Section 7
Assets and Liabilities

18. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (Attach a separate sheet if you need additional space)

Description	* Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amt of Monthly Payment
Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____
Year _____ Make/Model _____ Mileage _____	\$ _____	\$ _____	_____	_____	\$ _____

* Current value: Indicate amt you could sell the vehicle for today

**Section 7
continued**

19. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (Attach a separate sheet if you need additional space)

Description	Lease Balance	Name and Address of Lessor	Lease Date	Amt of monthly Payment
19a. Year _____ Make/Model _____	\$ _____	_____	_____	_____
19b. Year _____ Make/Model _____	\$ _____	_____	_____	_____

ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

***Current Value**
Indicate the amount you could sell the asset for today

***Date of Final Payment:**
Enter the day the loan or lease will be fully paid.

20. REAL ESTATE. List all real estate you own. (Use a separate sheet if you need additional space)

Street Address, City, State, Zip	Date Purchased	Purchase Price	Current Value	Loan Balance	Name of Lender or lien holder	Amt of Monthly Payment	* Date of Final Payment
20a. _____ _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
20b. _____ _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____

ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

21. Personal Assets. List all Personal assets below. (Attach a separate sheet if you need additional space) **Furniture/Personal Effects** includes the total current market value of your household such as furniture & appliances. **Other Personal Assets** includes all artwork, jewelry, collections (coin/gun. Etc.), antiques, other assets.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	Date of Final Payment
21a. Furniture/Personal Effects	\$ _____	\$ _____	_____	\$ _____	_____
21b. Other	_____	_____	_____	\$ _____	_____
21c. Artwork	_____	_____	_____	\$ _____	_____
21d. Jewelry	_____	_____	_____	\$ _____	_____

22. BUSINESS ASSETS. List all business assets and encumbrances below. Include Uniform Commercial Code (UCC) filings. (Attach a separate sheet if you need additional space) **Tools used in Trade or Business** includes the basic tools or books used to conduct your business, excluding automobiles. Other Business Assets includes any other machinery, equipment, inventory or other assets.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	Date of Final Payment
22a. _____	_____	_____	_____	_____	_____
22b. Tools Used in Trade/Business	\$ _____	\$ _____	_____	\$ _____	_____
22c. Machine	_____	_____	_____	\$ _____	_____
22d. Equipment	_____	_____	_____	\$ _____	_____
22e. Other	_____	_____	_____	\$ _____	_____

Section 8		23. ACCOUNTS/NOTES RECEIVABLE. List all accounts separately, including contracts awarded, but not started. (Attach a separate sheet if you need additional space)			
Accounts/Notes Receivable	Description	Amount Due	Date Due	Age of Account	
<input type="checkbox"/> Check this Box if Section 8 not needed.	23a. Name _____	\$ _____		<input type="checkbox"/> 0-30 days	
	Street Address _____			<input type="checkbox"/> 30-60 days	
	City/State/Zip _____			<input type="checkbox"/> 60-90 days	
				<input type="checkbox"/> 90+ days	
	23b. Name _____	\$ _____		<input type="checkbox"/> 0-30 days	
	Street Address _____			<input type="checkbox"/> 30-60 days	
	City/State/Zip _____			<input type="checkbox"/> 60-90 days	
				<input type="checkbox"/> 90+ days	
	23c. Name _____	\$ _____		<input type="checkbox"/> 0-30 days	
	Street Address _____			<input type="checkbox"/> 30-60 days	
	City/State/Zip _____			<input type="checkbox"/> 60-90 days	
			<input type="checkbox"/> 90+ days		
23d. Name _____	\$ _____		<input type="checkbox"/> 0-30 days		
Street Address _____			<input type="checkbox"/> 30-60 days		
City/State/Zip _____			<input type="checkbox"/> 60-90 days		
			<input type="checkbox"/> 90+ days		
23e. Name _____	\$ _____		<input type="checkbox"/> 0-30 days		
Street Address _____			<input type="checkbox"/> 30-60 days		
City/State/Zip _____			<input type="checkbox"/> 60-90 days		
			<input type="checkbox"/> 90+ days		
23f. Name _____	\$ _____		<input type="checkbox"/> 0-30 days		
Street Address _____			<input type="checkbox"/> 30-60 days		
City/State/Zip _____			<input type="checkbox"/> 60-90 days		
			<input type="checkbox"/> 90+ days		
23g. Name _____	\$ _____		<input type="checkbox"/> 0-30 days		
Street Address _____			<input type="checkbox"/> 30-60 days		
City/State/Zip _____			<input type="checkbox"/> 60-90 days		
			<input type="checkbox"/> 90+ days		
23h. Name _____	\$ _____		<input type="checkbox"/> 0-30 days		
Street Address _____			<input type="checkbox"/> 30-60 days		
City/State/Zip _____			<input type="checkbox"/> 60-90 days		
			<input type="checkbox"/> 90+ days		
23i. Name _____	\$ _____		<input type="checkbox"/> 0-30 days		
Street Address _____			<input type="checkbox"/> 30-60 days		
City/State/Zip _____			<input type="checkbox"/> 60-90 days		
			<input type="checkbox"/> 90+ days		
Add "Amount Due" from lines 23a through 23j = 23k		\$ _____			

Section 9 Monthly Income and Expense Analysis	Total Income Source		Total Living Expenses	
		Gross Monthly	Expense Items 4	Actual Monthly
	24. Wages (Yourself) ¹	\$ _____	35. Food, Clothing, & Misc. 5	\$ _____
	25. Wages (Spouse) ¹	_____	36. Housing and Utilities ⁶	_____
	26. Interest – Dividends	_____	37. Transportation ⁷	_____
	27. Net Income From Business ²	_____	38. Health Care	_____
	28. Net Rental Income ³	_____	39. Taxes (Income & FICA)	_____
	29. Pension/Social Security (yourself)	_____	40. Court Ordered Payments	_____
	30. Pension/Social Security (spouse)	_____	41. Child/Dependent Care	_____
	31. Child Support	_____	42. Life Insurance	_____
	32. Alimony	_____	43. Other Security Debt	_____
	33. Other	_____	44. Other Expenses	_____
	34. Total Income	\$ _____	45. Total Living Expenses	\$ _____

If only one spouse has a tax liability, but both have income, list the total household income and expenses.

1 Wages, salaries, pensions and social security: Enter your gross monthly wages and/or salaries. Do not deduct withholding or allotments you elect to take out of your pay, such as insurance payments, credit union deductions, car payments, etc.

To calculate your gross monthly wages and/or salaries:

If paid weekly – multiply weekly gross wages by 4.3. Example: \$425.89 x 4.3 = \$1,831.33

If paid bi-weekly (every 2 weeks) – multiply bi-weekly gross wages by 2.17. Example \$972.45 x 2.17 = \$2,110.11

If paid semi-monthly (twice each month) – multiply semi-monthly gross wages by 2. Example: \$856.23 x 2 = \$1,712.46

2 Net Income from Business: Enter your monthly net business income. This is the amount you earn after you pay ordinary and necessary monthly business expenses. This figure should relate to the yearly profit from your Form 1040 Schedule C. If it is more or less than the previous year, you should attach an explanation. If your net business is a loss, enter “0”. Do not enter a negative number.

3 Net Rental Income: Enter your monthly net rental income. This is the amount you earn after you pay ordinary and necessary monthly rental expenses. If your net rental income is a loss, enter “0”. Do not enter a negative number.

4 Expenses not generally allowed: We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions, payments on unsecured debts such as credit card bills, cable television and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family or for the production of income.

5 Food, Clothing and Misc.: Total of clothing, food, housekeeping supplies and personal care products for one month.

6 Housing and Utilities: For your principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, homeowner’s or renter’s insurance, maintenance, dues, fees and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.

7 Transportation: Total of lease or purchase payments, vehicle insurance, registration fees, normal maintenance, fuel, public transportation, parking and tolls for one month.

ATTACHMENTS REQUIRED: Please include:

- A copy of your last Form 1040 with all Schedules
- Proof of all current expenses that you paid for the past 2 months, including rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g. car payments, lease payments, fuel, oil, insurance, parking, registration).
- Proof of payments for health care, including health insurance premiums, co-payments and other out of pocket expenses, for the past three months.
- Copies of any court order requiring payment and proof of such payments (e.g., cancelled checks, money orders, earning statements showing such deductions) for the past 2 months.

! Failure to complete all entry spaces may result in rejection or significant delay.

Certification: Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct and complete.

Your Signature

Spouse’s Signature

Date