

# Personal Financial Statement

As of \_\_\_\_\_, 20\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Business phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business name of applicant/borrower \_\_\_\_\_

Assets	OMIT CENTS	Liabilities	OMIT CENTS
Cash on hand and in banks.....	\$ _____	Accounts payable .....	\$ _____
Savings accounts.....	\$ _____	Notes payable to banks and others..... (Describe in Section 2)	\$ _____
IRA or other retirement account .....	\$ _____	Installment account (Auto) .....	\$ _____
Accounts and notes receivable .....	\$ _____	Monthly payments	
Life insurance-cash surrender value only..... (Complete Section 8)	\$ _____	Installment account (Other).....	\$ _____
Stocks and bonds.....	\$ _____	Monthly payments	
Real estate .....	\$ _____	Loan on life insurance.....	\$ _____
(Describe in Section 4)		Mortgages on real estate.....	\$ _____
Automobile-present value .....	\$ _____	(Describe in Section 4)	
Other personal property .....	\$ _____	Unpaid taxes .....	\$ _____
(Describe in Section 5)		(Describe in Section 6)	
Other assets .....	\$ _____	Other liabilities .....	\$ _____
(Describe in Section 5)		(Describe in Section 7)	
		Total liabilities .....	\$ _____
		Net worth .....	\$ _____
Total .....	\$ _____	Total .....	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary .....	As endorser or co-maker .....
Net investment income.....	Legal claims & judgments.....
Real estate income.....	Provision for federal income tax .....
Other income (Describe below)* .....	Other special debt.....

Description of Other Income in Section 1.

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\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**Section 2. Notes Payable to Banks and Others**      USE ATTACHMENTS IF NECESSARY. EACH ATTACHMENT MUST BE IDENTIFIED AS A PART OF THIS STATEMENT AND SIGNED.

Name and address of noteholders	Original balance	Current balance	Payment amount	Frequency (monthly, etc.)	How secured or endorsed type of collateral

**Section 3. Stock and Bonds**

USE ATTACHMENTS IF NECESSARY. EACH ATTACHMENT MUST BE IDENTIFIED AS A PART OF THIS STATEMENT AND SIGNED.

Number of shares	Name of securities	Cost	Market value quotation/exchange	Date of quotation/exchange	Total value

**Section 4. Real Estate Owned**

LIST EACH PARCEL SEPERATELY. USE ATTACHMENTS IF NECESSARY. EACH ATTACHMENT MUST BE IDENTIFIED AS A PART OF THIS STATEMENT AND SIGNED.

	Property A	Property B	Property C
Type of property			
Owner			
Property address			
Date purchased			
Original cost			
Present market value			
Mortgage holder			
Address of mortgage holder			
Mortgage account number			
Mortgage balance			
Amount of payment per month/year			
Status of mortgage			

**Section 5. Other Personal Property and Other Assets**

DESCRIBE, AND IF ANY IS PLEDGED AS SECURITY, STATE NAME AND ADDRESS OF LIEN HOLDER, AMOUNT OF LIEN, TERMS OF PAYMENT, AND IF DELINQUENT, DESCRIBE DELINQUENCY.

**Section 6. Unpaid Taxes**

DESCRIBE IN DETAIL, AS TO TYPE, TO WHOM PAYABLE, WHEN DUE, AMOUNT AND TO WHAT PROPERTY, IF ANY, A TAX LIEN ATTACHES.

**Section 7. Other Liabilities**

DESCRIBE IN DETAIL.

**Section 8. Life Insurance Held**

GIVE FACE AMOUNT AND CASH SURRENDER VALUE OF POLICIES--NAME OF INSURANCE COMPANY AND BENEFICIARIES.

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above statements and the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FA statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 10001).

Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Social Security Number \_\_\_\_\_