

PERSONAL FINANCIAL STATEMENT

DATE \_\_\_\_\_

INDIVIDUAL INFORMATION	OTHER PARTY INFORMATION
NAME	NAME
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
OCCUPATION	OCCUPATION
BUSINESS NAME	BUSINESS NAME
BUSINESS ADDRESS	BUSINESS ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
LENGTH OF EMPLOYMENT	LENGTH OF EMPLOYMENT
RESIDENCE PHONE	RESIDENCE PHONE
BUSINESS PHONE	BUSINESS PHONE

ASSETS	IN DOLLARS	LIABILITIES	IN DOLLARS
CASH IN BANK		NOTES PAYABLE TO BANK SCHED E	
US GOV'T & MARKETABLE SECURITIES SCHEDULE A		STUDENT LOANS SCHEDULE E	
NON MARKETABLE SECURITIES SCHEDULE B		DUE TO BROKERS	
SECURITIES HELD BY BROKER IN MARGIN ACCOUNTS		SECURED NOTES	
RESTRICTED OR MARGIN ACCOUNT STOCKS		UNSECURED NOTES	
REAL ESTATE OWNED SCHEDULE C		ACCOUNTS AND BILLS DUE	
ACCOUNTS, LOANS AND NOTES RECEIVABLE		UNPAID INCOME TAX	
AUTOMOBILES		OTHER UNPAID TAXES AND INTEREST	
PERSONAL PROPERTY		AUTOMOBILES	
CASH VALUE OF INSURANCE POLICY SCHEDULE D		REAL ESTATE MORTGAGES SCHEDULES C & E	
OTHER ASSETS SCHEDULE F		CREDIT CARD DEBT	
		OTHER DEBTS	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	
		NET WORTH (ASSETS-LIABILITIES)	
		TOTAL LIABILITIES AND NET WORTH	

ANNUAL INCOME FOR YEAR		ANNUAL EXPENSES		CONTINGENT LIABILITIES	AMOUNT
INCOME		MORTGAGE/RENT		CONTINGENT LIABILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INTEREST AND DIVIDEND		REAL ESTATE TAX		LEGAL ACTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REAL ESTATE		TAXES FEDERAL / LOCAL			
OTHER INCOME		CONTRACT PAYMENTS (CAR, CHARGE CARDS)			
		ALIMONY / CHILD SUPPORT			
		OTHER			
<b>TOTAL INCOME</b>		<b>TOTAL EXPENSES</b>		<b>TOTAL LIABILITIES</b>	

**SCHEDULE A US GOV'T & MARKETABLE SECURITIES**

NUMBER OF SHARES	DESCRIPTION	IN NAME OF	Registered or Owned by Others	MARKET VALUE

**SCHEDULE B NON MARKETABLE SECURITIES**

NUMBER OF SHARES	DESCRIPTION	IN NAME OF	Registered or Owned by Others	MARKET VALUE

**SCHEDULE C RESIDENCES AND REAL ESTATE OWNED**

DESCRIPTION AND LOCATION	PRESENT VALUE	MONTHLY INCOME	TITLE HOLDER	LIEN HOLDER	AMOUNT
<b>TOTALS</b>					

**SCHEDULE D LIFE INSURANCE**

NAME OF INSURANCE COMPANY	OWNER OF POLICY	BENEFICIARY AND RELATIONSHIP	FACE AMOUNT	CASH VALUE

**SCHEDULE E BANK AND OTHER INSTITUTIONAL RELATIONSHIPS**

NAME OF CREDITOR	ORIGINAL AMOUNT	DATE OF LOAN	AMOUNT DUE	Secured or Unsecured

**SCHEDULE F OTHER ASSETS**

LENDER	ORIGINAL AMOUNT	DATE OF LOAN	AMOUNT DUE	SECURED OR UNSECURED

**OTHER DEBTS**

LENDER	ORIGINAL AMOUNT	DATE OF LOAN	AMOUNT DUE	SECURED OR UNSECURED

<p><b>INDIVIDUAL</b></p> <p>SIGNATURE _____</p> <p>SOCIAL SECURITY NUMBER _____</p> <p>DATE OF BIRTH _____</p>	<p><b>OTHER PARTY</b></p> <p>SIGNATURE _____</p> <p>SOCIAL SECURITY NUMBER _____</p> <p>DATE OF BIRTH _____</p>
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