



# Personal Financial Statement

as of \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

PERSONAL INFORMATION					
APPLICANT			CO-APPLICANT		
Employer			Employer		
Address of Employer		# of Years	Address of Employer		# of Years
Business Phone #	Title/Position		Business Phone #	Title/Position	
Previous employer & position (if with current employer less than 3 yrs)		# of Years	Previous employer & position (if with current employer less than 3 yrs )		# of Years
Home Address			Home Address		
Cell Phone #	E-Mail Address		Cell Phone #	E-Mail Address	
Home Phone #	Social Security #	Date of Birth	Home Phone #	Social Security #	Date of Birth
Name, Phone # of your Accountant			Name, Phone # of your Accountant		
Name, Phone # of your Attorney			Name, Phone # of your Attorney		
Name, Phone # of your Insurance Advisor			Name, Phone # of your Insurance Advisor		

## Cash Income & Expenditures Statement for Year Ended 20\_\_\_\_\_

ANNUAL INCOME	Amount
Salary (applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Net Rental Income	
Interest Income	
Dividend Income	
Recurring Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (list)**	
<b>TOTAL INCOME</b>	<b>\$</b>

ANNUAL EXPENDITURES	Amount
Federal Income and Other Taxes	\$
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	Residential Investment
Property Taxes	Residential Investment
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expense	
Medical Expenses	
Other Expenses (list)	
<b>TOTAL EXPENDITURES</b>	<b>\$</b>

\*\*Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation. Any significant changes expected in the next 12 months?  Yes  No (If yes, attach information)



**Schedule B – Insurance**

**Life Insurance** (use additional sheet if necessary)

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership
<b>Totals</b>						

Disability Insurance	Insurance Company	Applicant	Co-Applicant
Monthly Distribution if Disabled		\$	\$
Number of Years Covered			

**Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)**

Personal Residence Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Lender
		Year	Price					
<b>Totals</b>								

Investment Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Lender
		Year	Price					
<b>Totals</b>								

**Schedule D – Partnerships (less than majority ownership for real estate partnerships)\***

Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships, Notes, Cash Call	Final Contribution Date
<b>Totals</b>						

\*Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s.

