

Personal Financial Statement

Provide one completed form for each 20% business or property owner

AS OF:

Applicant		GENERAL INFORMATION		Spouse	
Full Name:		Full Name:		Full Name:	
SSN:		SSN:		SSN:	
DOB (mm/dd/yyyy):		DOB (mm/dd/yyyy):		DOB (mm/dd/yyyy):	
Home Phone:		Home Phone:		Home Phone:	
Mobile Phone:		Mobile Phone:		Mobile Phone:	
Business Phone:		Business Phone:		Business Phone:	
Email:		Email:		Email:	
RESIDENCE ADDRESS					
Street:		City:		State:	Zip:
MAILING ADDRESS					
Street:		City:		State:	Zip:

INCOME SUMMARY		
EMPLOYMENT	Applicant	Spouse
Employer:		
Position/Profession:		
Number of Years:		
Employer Address:		
ANNUAL EARNINGS	Applicant	Spouse
Salary	\$	\$
Bonus / Commission	\$	\$
Interest & Dividends	\$	
Real Estate Income	\$	
Other Income (Please Detail)	\$	
	\$	
	\$	
	\$	
TOTAL INCOME:	\$	
NOTE: Alimony, child support, or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding		

EXPENSE SUMMARY

ANNUAL EXPENSES

Mortgage / Rent (Personal Residence)	\$
Property Taxes / Assessments (if not included in mortgage payment)	\$
Living Expenses (Estimated)	\$
TOTAL EXPENSES:	\$

DECLARATIONS

PLEASE ATTACH ADDITIONAL PAGES FOR EXPLANATION AS NECESSARY

Are/were you a defendant in any suits or legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you declared bankruptcy in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you had property foreclosed upon (or title/deed in lieu) in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Are you delinquent or in default on any Federal debt or any other loan/obligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Are you obligated to alimony, child support, or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list amount(s):
Do you have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of trust:
How many dependents do you have?		
How many years of experience do you have in Commercial Real Estate?		

Schedule 1

CHECKING / SAVINGS / CD ACCOUNTS

Ckng ✓	Sav ✓	CD ✓	Institution Name	Name on Account	Balance	Pledged for a loan?	Balance of Loan	Maturity Date of Loan
TOTAL								

Schedule 2

STOCKS & BONDS

Description	Name on Account / Ownership	Total Value	Purchased on Margin or Pledged?	
			<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	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
TOTAL				

Schedule 3	SCHEDULE OF REAL ESTATE OWNED									
Property Address	Type (see Key)	Name(s) on Title	% Owned	Acquisition Date / Cost	Mortgagee(s) or Lien Holder(s)	Monthly Income	Monthly Payment	Monthly Expenses	Present Value	Balance Owed
				Date:						
				Cost:						
Ownership % Totals:										
				Date:						
				Cost:						
Ownership % Totals:										
				Date:						
				Cost:						
Ownership % Totals:										
				Date:						
				Cost:						
Ownership % Totals:										
				Date:						
				Cost:						
Ownership % Totals:										
				Date:						
				Cost:						
Ownership % Totals:										
TOTALS										

Property Key

- SFR = Single Family Residence
- MF = Multifamily/Apartment
- RET = Retail
- OFF = Office
- IND = Industrial
- UL = Unimproved Land

PLEASE PHOTOCOPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Schedule 4	ACCOUNTS & NOTES RECEIVABLE					
Owner(s)	Due From	Collateral	Maturity Date	How Payable		Total Value
				Amount	Per	
TOTAL					TOTAL	

Schedule 5	RETIREMENT ACCOUNTS			
Institution/Agency Name	Name on Account		Type of Account	Total Value
TOTAL				

Schedule 6	OTHER EQUITY INTERESTS			
INCLUDES INTERESTS IN ANY CLOSELY HELD BUSINESS				
Entity Name (Partnerships/LLCs/S Corps/Trusts)	Owner(s)		% Owned	Equity Value
TOTAL				

Schedule 7	MISCELLANEOUS ASSETS / PERSONAL PROPERTY & OTHER NOTES / LOANS PAYABLE				
Description	Owner(s)	Value (enter "N/A" if liability only)	Pledged as Collateral?	Balance Owed	
			<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 <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL			TOTAL		

ASSETS		
Schedule 1	Checking / Savings / CD Accounts	\$
Schedule 2	Stocks & Bonds	\$
Schedule 3	Real Estate	\$
Schedule 4	Accounts & Notes Receivable	\$
Schedule 5	Retirement Accounts	\$
Schedule 6	Other Equity Interests	\$
Life Insurance (Face Value: \$ _____)		\$ (Cash Surrender Value)
Schedule 7	Other Assets / Personal Property	\$
TOTAL ASSETS:		\$
LIABILITIES		
Total Revolving / Credit Card Balances		\$
Schedule 3	Real Estate Loans	\$
Schedule 7	Notes / Loans Payable (No Real Estate)	\$
Contingent Liabilities (e.g. as Guarantor – attach explanation as necessary)		\$
Other Liabilities (Please Detail)		\$
		\$
		\$
		\$
TOTAL LIABILITIES:		\$
NET WORTH (Total Assets – Total Liabilities):		\$

Applicant Signature	Spouse/Co-Applicant Signature
_____	_____
(DATE)	(DATE)