

# FINANCIAL STATEMENT $\text{\textcircled{D}}$ Individual

Name \_\_\_\_\_  
 Home address \_\_\_\_\_ Phone \_\_\_\_\_  
 Business address \_\_\_\_\_ Phone \_\_\_\_\_

## INSTRUCTIONS

- Please:**
1. Complete the Balance Sheet Section:
    - a) Review the Balance Sheet
    - b) Complete the appropriate schedules (Pages 2 & 3)
    - c) Total each schedule's balances & transfer totals to Balance Sheet
    - d) Complete the remaining Balance Sheet items
    - e) Total Assets, Liabilities, & calculate Net Worth
  2. Complete the remaining two Sections:
    - a) Contingent Liabilities (Page 1)
    - b) Income Statement (Page 4)
  3. Sign & date Page 4 after reviewing financial & credit report statements  
 (Please use additional sheets if necessary)

I guarantee that the information I have given you below is a true and accurate statement of my financial condition as of

\_\_\_\_\_ , \_\_\_\_\_

## BALANCE SHEET

ASSETS		LIABILITIES	
Cash on Hand & in Accounts (Sch. 1) . . . . .	0	Accounts Payable . . . . .	-----
Accounts & Notes Receivable (Sch. 2) . . . . .	0	Notes Payable (Sch. 6) . . . . .	0
U.S. Government Bonds . . . . .	-----	Mortgages (Sch. 5) . . . . .	0
Listed Marketable Stocks & Bonds (Sch. 3) . . . . .	0	Installment Loans (Sch. 7) . . . . .	0
Unlisted, Non-Liquid Stocks & Bonds (Sch. 4) . . . . .	0	Life Insurance Loans . . . . .	-----
Real Estate (Sch. 5) . . . . .	0	Other Liabilities: (Detail Below) . . . . .	-----
Life Insurance (Cash Value) . . . . .	-----		
Furniture & Fixtures . . . . .	-----		
Automobiles . . . . .	-----		
Other Assets: (Detail Below, Include IRA, - KEOGH, & Vested Pension Funds) . . . . .	-----		
<b>Total Assets</b> . . . . .	<b>0</b>	<b>Total Liabilities</b> . . . . .	<b>0</b>
		<b>Net Worth</b> . . . . .	<b>0</b>

## CONTINGENT LIABILITIES

Do you have any contingent liabilities? If so, please describe:

As endorser, co-maker or guarantor? . . . . . \$ _____	Legal claims . . . . . \$ _____
On leases or contracts? . . . . . \$ _____	Other special debt . . . . . \$ _____
Amount of contested income tax liens . . . . . \$ _____	

Schedule 1: CASH ACCOUNTS

Depository Institution	In Name Of	Account Type	Balance
Total:			0

Schedule 2: NOTES AND ACCOUNTS RECEIVABLE

Debtor's Name	Purpose	Monthly Payment	(Specify if Principal and/or Interest)	Balance
Total:				0

Schedule 3: LISTED MARKETABLE STOCKS AND BONDS

No. Shares	Issue	Owner	Pledged		Market Value
			Yes	No	
Total:					0

Schedule 4: UNLISTED, NON-LIQUID STOCKS AND BONDS

No. Shares	Issue	Owner	Valuation Method	Value
Total:				0

Schedule 5: REAL ESTATE

No.	Location and Description	Title In Name Of	Purchase Date and Price	Market Value
1.				
2.				
3.				
4.				
Total:				0

Mortgage	Collateral Position	Original Amount	Monthly Payment	(Specify if Principal and/or Interest)	Present Balance
1.					
2.					
3.					
4.					
Total:					0

Schedule 6: NOTES PAYABLE

Creditor's Name	Purpose	Collateral	Monthly Payment	(Specify if Principal and/or Interest)	Balance
Total:					0

Schedule 7: INSTALLMENT LOANS

Creditor's Name	Purpose	Collateral	Monthly Payment	Balance
Total:				0

# INCOME STATEMENT

A simplified Income Statement is outlined below: If you would prefer to attach your Income Tax Return for a recent year, this form does not have to be completed:

Fiscal Year Ended	Amount
Business Income	
Salary	
Commissions and Bonuses	
Dividends	
Interest	
Capital Gains	
Net Rental	
(Depreciation)     \$ _____	
(Interest)         \$ _____	
Other: (Describe Below)	
Total	

Signature \_\_\_\_\_

Date \_\_\_\_\_