



(This form needs to be signed and dated)

PERSONAL FINANCIAL STATEMENT AS OF _____, _____		
Name of Individual	Social Security No.	Date of Birth
Name of Spouse	Social Security No.	Date of Birth
Residence Address	Home Phone Number	

ASSETS		Account Balance	LIABILITIES		Account Balance
Cash in Banks	\$		Loans Payable-Banks	\$	
Notes Receivable	\$		Notes Payable	\$	
Accounts Receivable	\$		Accounts Payable	\$	
Stocks/Bonds/Securities	\$		Taxes Payable	\$	
Real Estate – Residence	\$		Mortgages Payable	\$	
Real Estate – Investment/Other	\$		Other Liabilities	\$	
Cash Value Life Ins.	\$				
Personal Property	\$		TOTAL LIABILITIES:	\$	
Other Assets:	\$		NET WORTH:	\$	
TOTAL ASSETS:	\$		TOTAL NET WORTH & LIABILITIES:	\$	
INCOME:	Salary \$		Spouse’s Salary \$	TOTAL INCOME	
\$	Bonus/Other \$		Bonus/Other \$	\$	

SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES

(NOTE: All data listed above must appear in the appropriate schedules. Insert “None” where appropriate)

CASH IN BANKS		
Bank Name, Number & Location	Account No.	Amount
		\$
		\$
		\$

NOTES & ACCOUNTS RECEIVABLE

Name & Address of Debtor	Amount Due	Due Date	Pledged (Yes/No)	Security
	\$			
	\$			
	\$			

STOCKS/BONDS/SECURITIES

Name & Number(s) of instrument	No. of Shares	Price/Share	Market Value	Exchange & Call
		\$	\$	
		\$	\$	
		\$	\$	

REAL ESTATE (RESIDENCE/INVESTMENT/OTHER)

Location & Description	Year Acq'd	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Lien Holder
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	

CASH VALUE OF LIFE INSURANCE

Name of Insurance	Beneficiary	Face Value	Cash Value	Loans Outstanding
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

OTHER ASSETS

Description	Title Holder	Cost	Market Value	Age
		\$	\$	
		\$	\$	
		\$	\$	

LOANS PAYABLE

Name of Lender	Address	Balance Due	Due in 1 Year	How is it Secured
		\$	\$	
		\$	\$	
		\$	\$	

ACCOUNTS & NOTES PAYABLE (Including charge accounts)

Payable to Whom	Address	Amount	Monthly Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		

OTHER LIABILITIES

Description	Payable to Whom	Amount	Monthly Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		

BY: _____ Date: _____

BY: _____ Date: _____