PERSONAL FINANCIAL STATEMENT

This statement prepared as of _____.

If there is insufficient space on any schedule, please include separate listings in similar detail

APPLICANT								
Name					Social Security Number	Date of Birth		
Home Address			City		State	Zip		
Mailing Address	City		State	Zip				
Occupation/Specialty			Hom	e Phone	Business Phone	E-mail Address		
Employer / Address			□s	elf Employed	Title	Length	Length of Service	
Marital Status: (Only complete if applying for mortgage			Dep	endent:	Agos			
		4004)	INUIT	iber.	Ages:	<u> </u>		
CO-APPLICANT								
Name					Social Security Number	Date of	f Birth	
Home Address			City		State	Zip		
Mailing Address			City		State	Zip		
Occupation/Specialty	Occupation/Specialty			e Phone	Business Phone	E-mail Address		
Employer / Address	Employer / Address				Title	Length of Service		
Marital Status: (Only complete if applying for mortgage secured credit) ☐ Married ☐ Separated ☐ Unmarried (include divorced , widowed)			Depo	endent: ber:	Ages:			
ASSETS*				1.17	ABILITIES*			
Cash: Include Checking, Savings, CD's, Money Market Funds (Schedule 1)	\$			Notes Payable – Uns (Schedule 10)		\$		
Investments: Marketable Securities (Schedule 2)				Notes Payable – Sec (Schedule 10)	cured			
Investments: Closely Held Companies / Non-Marketable Securities (Schedule 3)				Real Estate Mortgag (Schedule 5)	es Owing: Personal			
Accounts & Notes Receivable (Schedule 4)				Real Estate Mortgag (Schedule 6)	es Owing: Investment			
Real Estate: (Schedule 5) Personal				Installment Loans (Schedule 10)				
(Schedule 6) Investments				Credit Balances: (Schedule 11) Cr	redit Cards / Lines			
Retirement Accounts (Schedule 7)				Credit Balances:	ome Equity Line			
Automobiles				Accrued Income Tax				
Life Insurance Cash Value (Face Value \$ _) (Schedule 8)				Other Liabilities (Itemize and attach	additional pages as needed)			
Equity in Partnerships / Privately Owned Business(es) (Schedule 9)				TOTAL LIABILITIES	3	\$		
Other Assets (Itemize and attach additional pages as needed)				NET WORTH (Total	Assets Minus Total Liabilities)	\$		
TOTAL ASSETS	\$		0	TOTAL LIABILITIES	S + NET WORTH	\$		

Notice to Applicant: Your income from alin maintenance need not be revealed if you			al Estate N			APPLICANT	CO-APPLICANT		
the basis for credit.				,,	Jonedale (, 10150	71141		
	APPLICANT	CO-API	PLICANT	,	Schedule 6	•	tment		
Salary (amount reported on W-2)					tes payabl Schedule 1		')		
Bonus & Commissions					tallment Lo		nents		
Interest & Dividends				Cre	edit Payme	ents:	edit Cards/Lines		
Net Rental Income						Ho	ome Equity Line		
Business Income or Loss					ase Payme	ents			
Royalties					vings (includ		ment Plan, IRA		
Other (Itemize and attach additional pages as needed.)				Ta	xes		d Property Taxes)		
					mony / Ch				
TOTAL ANNUAL INCOME	0		0	Ins Me	scellaneou surance, Pr edical Expe	emiums, E			
** Complete CO-APPLICANT information for or maintain secured/joint credit, or if yo income to repay credit				(her Itemize and eded.)	d attach ac	dditional pages as		
The state of the s				то	TAL MON	THLY EXF	PENSES	C) (
GENERAL INFORMATION			APPLIC	CANT	CO-API	PLICANT	If ves	. Please ex	nlain
			YES	NO	YES	NO	ıı you	11100000	. piaiiii
Are you a defendant in any suit or legal ac									
Are you presently subject to any unsatisfic	ed judgments or tax	liens?							
Have you ever declared bankruptcy?									
Are any tax returns being audited or conte	sted?								
Are all related taxes paid?									
CONTINGENT LIABILITIES	1						Please gi	ive brief de	escription
			APPLIC YES	NO	CO-API YES	PLICANT NO	1 10000 91		,0011ptio11
Endorser or Co-maker on Note(s)									
Letters of Credit									
DEDECMAL ADVISORS (I	Diagon Lint I	Nome	and T	امماد	aana N	umbar	٨		
PERSONAL ADVISORS (Please List Name Attorney Phone				Accountant)		Phone
Investment Advisor/Financial Planner				Insu	rance Age	ent			
Please indicate ownership of assets o									
Schedule 1 - CASH: Ched	Title of Acc		ט א, ואונ					Amount	A C or 1
Financial Institution	Title of Acc	ount			pe of Acco	ount		Amount	A, C or J

MONTHLY EXPENSES**

ANNUAL SOURCES OFINCOME**

Schedule 2 - IN	VESTN	IENTS:	Marke	etable Se	curities (F	Registered	and Traded:	Stocks, Bo	nds, Mutual	Funds)
Description of		ered Owner		Bond par or	Book	Value	Market Value		Pledged	A, C or J
Security				No. of Shares	S					
_	_		-							
Schedule 3 - IN										1
Description of Security	Registe	ered Owner	(s)	Bond par or No. of Shares		Value	Market Value	Where	e Pledged	A, C or J
Security				INO. OI SIIAIE	3					J
Cabadula 4 AC	COLINI	TO O N	OTEC	DECENT	ADLE IIN		FADNING	^		
Schedule 4- AC									. Halal If Am.	4.0.5
Date of Account of Note	Due	From	Orig	inal Amount	Present	Balance	Repayment Ter	ms Security	y Held, If Any	A, C or J
Schedule 5 - R	E	STATE:	Dore	nal						
Description and	Title in N		Date	Purchase	Mortgage	Market	Interest	Mortgage	Monthly	A, C or
Location	of		rchased	Price	Lender	Value	Rate	Balance	Payments	71, 0 01 J
				1						
Schedule 6 - R	EAL ES	STATE:	Inves	tment						
Description and	Title in N		Date	Purchase	Mortgage	Market	Interest	Mortgage	Monthly	A, C or
Location	of	Pu	rchased	Price	Lender	Value	Rate	Balance	Payments	J
Schedule 7 - R										
Name of Institution whe	re held	Title	of Accoun	t	Type of Acco	unt	Percent Veste	ed Ma	arket Value	A, C or J
Cabadula 0 II		NCE. I	ifa D:		Malarasti					
Schedule 8 - IN							Dallay	Dromium	\\/ha=a	Λ.
Insurance Company		cy Owner / of Insured		eficiary	Policy Face Amount	Cash Surrender	Policy Loans	Premium Payments	Where Assigned	A, C or J
								,		

Schedule 9 – EQUIT		RSHIPS / P Nature of							
Business Name and Address	Form of Ownership	Natur Busin		Date of Investment	Original Investment Cost		% of Ownership	Estimated Mark p Value of Investment	tet A, C or J
Schedule 10 - NOTE	S PAYABLE 8					nsecu	red, Secu		
Owed to (Account #)	Balance Amount	P	ayment	Frequency	/ Maturity	-	Terms	Secured By	A, C or J
Schedule 11 - CRED	NT ACCOUNTS	2. Cr/	odit C	ards Crad	lit Lino	s Hon	oo Equity	Lino	
Issuer and Account Number	Credit Limit	o. Cit		Current Balance			Payment Payment	Secured By	A, C or J
Cabadula 12 I EAC	EC								
Schedule 12 – LEAS Item Description	Year Manufactu	red	E	Balance Amount		Monthly	Payment	Lease Term	A, C or J
					4.				
		-	•	ations and Wa					
The information contained in the others upon the guarantee of the provided herein in deciding to guarantee that the information provided herein in deciding to guarantee that the information provided in any change in name, statement or (2) in the financial obligations to you. In the absert substantially correct. If the und incomplete in any material respundersigned, as the case may accuracy of the information corrects or consumer-reporting answer questions about your coutstanding, the undersigned sor other information that the undersigned is provided in the substantial response to the content of the substantial response to the information that the undersigned is provided in the substantial response to the substantial resp	he undersigned, The grant or continue cre ovided herein is true address, or employ I condition of any of nee of such notice or lersigned fail to notificet, you may declar be, immediately due tained herein and to agency to give you a credit experience with shall supply annually	e under dit or to a correct the under a new a correct the index and poor determination of the under an upon dit or the under an upon an upon an upon dit or the under a correct the under a correct the upon different the under a correct the upon different the under a correct the under a cor	signed a control and of any dersigned and full as require any able. Ye mine the primation andersign dated final andersign and andersign and and and and and and and and and an	a guarantee tomplete. Each y material advoid or (3) in the written statemed above, or if ness of the undyou are author credit-worthin it may have ored. As long as ancial statemed	nd unders hereof. Ear of the underse chan ability of a nent, this sany of the dersigned rized to meess of the undersany oblig any oblig	stand that ach of the dersigned (1) in any of the should be information and ersigned artion or the indersigned artion or the indersigned.	at you are rely e undersigned agrees to not any of the ine undersigned considered ation herein sladebtedness and iries you or gned. The ureach of the guarantee of	ying on the information of represents, warrand if you immediated formation contained do to perform its (or the as a continuing state hould prove to be integuaranteed by the deem necessary to windersigned authorized the undersigned to to the integual of the undersigned to the state of the undersigned to the the undersigned to the the undersigned to the undersigned authorized to the undersigned to the undersign	on ints and ily and in i in this heir) ement and accurate or verify the e any izes you to you is
pplicant's Signature									
					Date	·			
o-Applicant's Signature									

TO APPLICANT(S) – RETAIN COPY OF THIS STATEMENT FOR YOUR RECORDS

____ Date _____