

PERSONAL FINANCIAL STATEMENT

Name:			Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		Dependents: Number Ages
Address: (No., Street, City, State, Zip Code)			Years At Address:	D.O.B.	
E-mail:	Cell Phone:	Home Phone:	Years Education: (<i>Check One</i>) <input type="checkbox"/> Under 12 Yrs. <input type="checkbox"/> 12 Yrs. <input type="checkbox"/> 13-15 Yrs. <input type="checkbox"/> 16 Yrs. and Over		
US. Citizen: If not please explain status:					
Spouse Name:			Amount of capital (down payment) available for investment:		Office Phone and Ext:
Please provide details regarding any Bankruptcies or Foreclosures:					
Major non-traffic violations (please explain any convictions besides minor traffic violations):					
Partner Name(s):			Partner(s) capital investment:		How many partners:

FINANCIAL CONDITION AS OF

INSTITUTION		AMOUNT		LIABILITIES		AMOUNT	
CASH				NOTES PAYABLE TO BANKS	Credit Cards		
					Auto Loans		
STOCKS AND BONDS				OTHER NOTES AND ACCOUNTS PAYABLE	Real Estate Loans		
REAL ESTATE	Improved			TAXES PAYABLE	Prior Years' Income Taxes Unpaid		
	Unimproved				Real Estate Taxes Unpaid		
NOTES RECEIVABLE				OTHER LIABILITIES	Unpaid Interest		
BUSINESS (S) OWNED					Business Loans		
PERSONAL PROPERTY	Automobile				TOTAL LIABILITIES (add all above)		
	Other						
TOTAL ASSETS (add all above)					NET WORTH (Assets-Liabilities)		

ANNUAL INCOME			OTHER INCOME		
SALARY OR WAGES					
DIVIDENDS AND INTEREST					
RENTALS (GROSS)					
BUSINESS OR PROFESSIONAL INCOME					
SPOUSE INCOME					
TOTAL ANNUAL INCOME			TOTAL OTHER INCOME		

	Company	Position	From-To
EMPLOYMENT			

Signature

Date