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76 Engle Street, Englewood, NJ 07631

PERSONAL FINANCIAL STATEMENT AS OF _____
Date

PERSONAL INFORMATION					
APPLICANT:			CO-APPLICANT:		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.	No. of Years	Title/Position	Business Phone No.	No. of Years	Title/Position
Previous Employer and Position (if less than 3 Years)			Previous Employer and Position (if less than 3 Years)		
Home Address			Home Address		
Home Phone No.	Social Security Number	Date of Birth	Home Phone No.	Social Security Number	Date of Birth
E-mail Address:			E-mail Address:		
Name, Phone No. of your Accountant			Name, Phone No. of your Accountant		
Name, Phone No. of your Attorney			Name, Phone No. of your Attorney		
Name, Phone No. of your Investment Advisor/Broker			Name, Phone No. of your Investment Advisor/Broker		
Name, Phone No. of your Insurance Advisor			Name, Phone No. of your Insurance Advisor		

Cash Income & Expenditures Statement for Year Ended _____ (Omit Cents)

ANNUAL INCOME	AMOUNT
Salary (applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME >	

ANNUAL EXPENDITURES	AMOUNT
Federal Income and Other Taxes	\$
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	Residential
	Investment
Property Taxes	Residential
	Investment
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expenses	
Medical Expenses	
Other Expenses (List)	
TOTAL EXPENDITURES>	

Any significant changes expected in the next 12 months? Yes No (If Yes, attach information).

** Income from alimony, child support, or separate maintenance income need not be revealed if the Applicant or Co-applicant does not wish to have it considered as a basis for repaying this obligation.

Balance Sheet as of _____

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in this Bank (include money market accounts, CD's)	\$	Notes Payable to this Bank	
Cash in Other Financial Institutions (include money market accounts, CD's)		Secured	\$
		Unsecured	
		Notes Payable to Others (Schedule E)	
		Secured	
		Unsecured	
Readily Marketable Securities (Schedule A)		Accounts Payable (including credit cards)	
Non-Readily Marketable Securities (Schedule A)		Margin Accounts	
Accounts and Notes Receivable		Notes Due: Partnership (Schedule D)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Taxes Payable	
Residential Real Estate (Schedule C)		Mortgage Debt (Schedule C)	
Real Estate Investments (Schedule C)		Life Insurance Loans (Schedule B)	
Partnerships / PC Interests (Schedule D)		Other Liabilities (List):	
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accounts			
Deferred Income (number of years deferred)			
Personal Property (Including automobiles)			
Other Assets (List):			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS	\$		\$

CONTINGENT LIABILITIES	AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership? YES <input type="checkbox"/> NO <input type="checkbox"/>	\$ _____
Do you have any outstanding letter of credit or surety bonds? YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Are there any suits or legal actions pending against you? YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Are you contingently liable on any lease or contracts? YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
Are any of your tax obligations past due? YES <input type="checkbox"/> NO <input type="checkbox"/>	_____
What would be your total estimated tax liability if you were to sell your major assets?	_____
If yes for any of the above, give details:	

Schedule A - All Securities (including non-money market mutual funds)						
No. of Shares (Stock) or Face Value (Bonds)	Description	Owner(s)	Where Held	Cost	Current Market Value	Pledged
READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals)*						
						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 <input type="checkbox"/>
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock)						
						YES <input type="checkbox"/> NO <input type="checkbox"/>
						YES <input type="checkbox"/> NO <input type="checkbox"/>

* If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Schedule B - Insurance Life Insurance (use additional sheet if necessary)						
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)											
Personal Residence		Legal Owner	Percent Owned	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payments	Lender
Property Address	Year			Price							
Investment		Legal Owner	Percent Owned	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payments	Lender
Property Address	Year			Price							

Schedule D - Partnerships (less than majority ownership for real estate partnerships)*							
Type of investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date	
Business/Professional (indicate names):							
Investments (Including Tax Shelters):							

* Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1's.

Schedule E - Notes Payable								
Due to	Type of Facility	Amount of line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			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"/>				

Please Answer The Following Questions:

1. Income tax returns filed through (date): _____ Are any returns currently being audited or contested? YES NO
If yes, what year(s)? _____
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? YES NO
If yes, provide details: _____
3. Have you drawn a will? YES NO
If yes, please furnish the name of the executor(s) and year will was drawn: _____
4. Number of dependents (excluding self) and relationship to applicant: _____
5. Have you ever had a financial plan prepared for you? YES NO
6. Did you include two years federal and state tax returns? YES NO
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? YES NO
If so, please indicate where, how much, and name of banker: _____

8. Do you anticipate any substantial inheritances? YES NO
If yes, please explain: _____

APPLICANT:

9. Are you a US citizen? YES NO If No – Are you a Permanent Resident Alien? YES NO

CO-APPLICANT:

10. Are you a US citizen? YES NO If No – Are you a Permanent Resident Alien? YES NO

Representations and Warranties

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. The personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Date

Your Signature

Date

Co-Applicant's Signature
(If you are requesting the financial accommodation jointly)