

FINANCIAL STATEMENT

Financial statement of _____ (Name)

(Street Address, City, State, ZIP)

Applicant's Social Security No.: _____ Spouse's Social Security No.: _____

FINANCIAL CONDITION AS OF _____, 20 _____

ASSETS		AMT(S) ONLY	LIABILITIES		AMT(S) ONLY
Cash on Hand			NOTES PAYABLE TO BANKS		
Cash in following Banks (name & address):			name & address):		
.....				
.....					
STOCKS AND BONDS			OTHER NOTES AND ACCOUNTS PAYABLE		
Listed (Schedule 1).....			Real Estate Loans (Schedule 4).....		
Unlisted (Schedule 1).....			Sales Contracts & Sec. Agreements (Schedule 5).....		
			Loans on Life Insurance Policies (Schedule 6).....		
REAL ESTATE			TAXES PAYABLE		
Improved (Schedule 4).....			Current Year Income Taxes Unpaid.....		
Unimproved (Schedule 4).....			Prior Year Income Taxes Unpaid.....		
Trust Deeds & Mortgages (Schedule 3).....			Real Estate Taxes Unpaid.....		
LIFE INSURANCE			OTHER LIABILITIES		
Cast Surrender Value (Schedule 6).....			Unpaid Interest.....		
ACCOUNTS AND NOTES RECEIVABLE			Other (Itemize).....		
Relatives and Friends (Schedule 2/3).....				
Other (Schedule 2/3).....				
Doubtful (Schedule 2/3).....			TOTAL LIABILITIES		
OTHER PERSONAL PROPERTY			NET WORTH		
Automobile (Schedule 5).....					
Other (Itemize, Schedule 5).....					
TOTAL			TOTAL		
ANNUAL INCOME		(Refer to Federal Income Tax Returns for Previous Year)	ANNUAL EXPENDITURES		(Refer to Federal Income Tax Returns for Previous Year)
SALARY OR WAGES.....			PROPERTY TAXES AND ASSESSMENTS.....		
DIVIDENDS AND INTEREST.....			FEDERAL AND STATE INCOME TAXES.....		
RENTALS (GROSS).....			REAL ESTATE LOAN PAYMENTS.....		
BUSINESS OR PROFESSIONAL INCOME (NET).....			PAYMENTS ON CONTRACTS & OTHER NOTES.....		
OTHER INCOME (DESCRIBE).....			INSURANCE PREMIUMS.....		
.....			ESTIMATED LIVING EXPENSES.....		
.....			OTHER.....		
TOTAL INCOME			TOTAL EXPENSES		

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledged, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value
TOTAL				\$

2. ACCOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What Is It Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTES RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE

Description of Property	Title in Name Of	Market Value	Cost	Amount Encumbrance	Monthly Payments	Monthly Income
TOTAL			\$	\$	\$	\$

5. EQUIPMENT

Description and Capacity of Items	Age of Item	Market Value	Cost	Encumbrance	Monthly Payment
TOTAL			\$	\$	\$

6. LIFE INSURANCE - CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

The maker of the foregoing or accompanying statement hereby authorizes the company to confirm the bank balances claimed and all other items comprising said statement.

Dated _____, 20____

SIGNATURE: _____

