



DATE OF VALUATION: _____

PERSONAL INFORMATION

Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
Social Sec #: _____	Cell Phone: _____
Employer: _____	Date of Birth: _____
Address: _____	
Spouse: _____	Work Phone: _____
Social Sec #: _____	Cell Phone: _____
Employer: _____	Date of Birth: _____
Address: _____	

STATEMENT OF ASSETS AND LIABILITIES

ASSETS	AMOUNT	LIABILITIES	AMOUNT
A) Cash Held at Institutions	_____	G) Notes Payable to Banks	_____
B) Cash Balances	_____	G) Notes Payable to Others	_____
C) Notes and Loans Receivable	_____	G) Notes Payable on Student Loans	_____
D) Cash Value of Life Insurance	_____	D) Loan on Life Insurance Cash Value	_____
E) Primary Residence	_____	E) Mortgage(s) on Primary Home	_____
E) Other Real Estate Owned Individually	_____	E) Mortgage(s) on Other Real Estate	_____
E) Real Estate Partnerships	_____	E) Mortgage(s) on RE Partnerships	_____
F) Equity in Partnership	_____	Real Estate Taxes	_____
F) Equity in Proprietorship	_____	Unpaid Income Taxes	_____
Automobiles	_____	H) Credit Card Debts	_____
Other Personal Property	_____	Other Debts (Detail Below or attach)	_____
Retirement Accounts	_____	_____	_____
Trust	_____	_____	_____
Other Assets (Detail Below or attach)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS	_____	_____	_____
NET WORTH (Total Assets less Liabilities)	_____		_____
		TOTAL LIABILITIES	_____

SOURCES OF ANNUAL INCOME

Salary (Applicant)	Salary (Co-Applicant/Spouse)
Commission/Bonuses	Dividend Income
Interest Income	Rental Income
Partnership/S-Corp Dividends	Other Income
Capital Gains	TOTAL INCOME

GENERAL INFORMATION

Have you or a company of which you have had any ownership ever declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have (either of) you ever had a judgment against you or are you a defendant in any suits or legal actions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you carry any assets in a trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have (either of) your tax returns been audited or contested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are (either of) you a guarantor, co-maker or endorser of credit in/not in your name(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are (either of) you contingently liable under any leases or other such contracts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a partner or officer in any other venture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered "Yes" to any of the above questions, please explain on a separate sheet and attach.

SUPPORTING SCHEDULES

Schedule A - Cash, Checking Accounts, Savings Accounts and Certificates of Deposit

Type	Name of Financial Institution	Amount	Titled in the Name Of:	Pledged	
				Yes	No
Total					

Schedule B - US Government, Listed & Unlisted Securities (May attach separate sheet/brokerage statement)

# of Shares or face value	Description/name of security	Total Current Market Value	Titled in the Name Of:	Pledged	
				Yes	No

Total					

Schedule C - Notes and Loans Receivable (Please note if you have debts against the receivable)

Unpaid Amount	Name of Debtor	Date Made	Security Pledged	Debt Y/N
Total				

Schedule D - Life Insurance Carried (List all Life Insurance Policies)

Name of Company	Owner	Beneficiary	Face Amount	Cash Surrender Loans	
				Value	
Total					

Schedule E - Real Estate (Primary Residence, Other Real Estate and Real Estate Partnerships)

	Property 1	Property 2	Property 3	Property 4
Type of Property				
Address				
Date Acquired				
Cost				
Owner / % Owned				
Current Market Value				
1st Mortgage Amount				
2nd Mortgage Amount				
Total Monthly Pymts.				

Schedule F - Ownership in Proprietorships, Partnerships, Corporations, Trusts (Non-Real Estate)

Investment Name	Date of Initial Investment	% Owned	Market Value	Mortgage Outstanding
Total				

Schedule G - Notes Payable

To Whom Payable	Borrower	Collateral or Unsecured	Date Made	Original Balance	Current Balance	Monthly Payment
Total						

Schedule H - Credit Cards

Name of Credit Card	Borrower	Date Opened	Current Balance	Monthly Payment	Rate
Total					

REPRESENTATIONS AND WARRANTIES

I/we certify that the foregoing statement is true and correct in every detail and best shows my/our financial condition as of the date indicated. Furthermore, I/we will give you prompt written notice of any material change in my/our financial condition before the discharge of my/our obligations to you. You are authorized to check my/our credit payment history, employment history or any other information contained herein. I/we understand the following statement is for the purpose of obtaining credit or in support of existing credit granted by Lender.

DATE

SIGNATURE

DATE

SIGNATURE