

INDIVIDUAL FINANCIAL STATEMENT

Name: _____ Date of Birth _____

Address: _____ Ph#: _____ Cell#: _____
city state zip

STATEMENT OF FINANCIAL CONDITION of _____ as of _____ 20 _____

Use the attached statements for detail

SUMMARY OF ASSETS		AMOUNT	SUMMARY OF LIABILITIES		AMOUNT
Cash	SCHEDULE A		Notes & Loans Payable (other than Real Estate)	SCHEDULE G	
	Bank:			Notes Payable Bank	
				Notes & Loans Payable (other)	
Stocks & Bonds	SCHEDULE B		Taxes Owed	SCHEDULE C	
	Marketable Securities				
	Others				
Insurance	SCHEDULE C		Accounts & Bills Payable	SCHEDULE H	
	Cash Value			Bankcharge Cards	
Accounts & Notes Receivable	SCHEDULE D			Open & Revolving Accounts	
			Other		
Real Estate	SCHEDULE E		Real Estate Notes & Contracts Payable	SCHEDULE E	
	Residence (s)			Residence (s)	
	Unimproved Land			Unimproved Land	
	Income Property (ies)			Income Property (ies)	
	Other			Other	
Other Assets	SCHEDULE F		Other Liabilities	SCHEDULE I	
	Other Assets & Personal Property				
TOTAL ASSETS		\$		TOTAL LIABILITIES	\$
RE-CAP OF INCOME AND EXPENSES			NET WORTH	(difference between total assets & total liabilities)	\$

* See notice below completing Other Income.

ANNUAL INCOME FOR YEAR 20		ANNUAL EXPENSES FOR YEAR 20		CONTINGENT LIABILITIES	
Salary or Wages		Property Tax & Assessments		As Endorser on Notes/Contracts	
Dividends or Interest		Fed. & State Income Payments		As Guarantor on Notes' Contracts	
Rentals (Gross Income)		Real Estate Loan Payments		For Taxes	
Business (Net Income)		Payments on Contracts/Notes		Other (Describe)	
Other Income (Describe)*		Estimated Living Expenses			
		Other:			
TOTAL INCOME	\$	TOTAL EXPENSES	\$	TOTAL	\$

- Alimony, child support or maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

SCHEDULE A CASH LOCATION AND STATUS OF BANK ACCOUNTS

CKNG	CD'S	SVNG	Bank and Branch where Carried	Balance	Is this Account Pledge for a Loan	Balance of Loan	Maturity Date of Loan

SCHEDULE B STOCKS AND BONDS (Include Interest in Any Closely Held Business)

Description	No. Shares	Registered in name of	Source of Valuation	Date	Price Per Share	Total Value	Purchased on Margin or Pledge
TOTAL						\$	

SCHEDULE C LIFE INSURANCE

Insured	Primary Beneficiary	Face Amount	Actual Cash Value	Loan of Company	Name of Company	Location of Office
TOTAL		\$	\$	\$		

SCHEDULE D ACCOUNTS AND NOTES RECEIVABLE

Owner (s)	Due From	Address	Collateral	Maturity Date	How Payable	Balance due
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
TOTAL					\$	\$

SCHEDULE E REAL ESTATE

Parcel No.	Description	Address/Location	Owner (s)	Date Acquired
1				
2				
3				
4				
5				
6				

SCHEDULE F OTHER ASSETS AND PERSONAL PROPERTY

Automobiles	Value	Rec. Vehicles & Boats	Value	Person Property	Value	Totals	
Yr: Make:		Yr: Make:		Furniture		Sub Total Autos	\$
Yr: Make:		Yr: Make:		Jewelry		Sub Total R/V's	\$
Yr: Make:		Yr: Make:		Equipment		Subtotal PP	\$
				Other			
Subtotal Autos	\$	Subtotal R/V's	\$	Subtotal personal property	\$	Total-All Other Assets	\$

SCHEDULE G NOTES AND LOANS PAYABLE TO BANK AND OTHER

Payable To	Address	Collateral	Peron (s) Liabile	Maturity date	How Payable	Balance
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
TOTALS					\$	\$

SCHEDULE H ACCOUNTS AND BILLS PAYABLE (Including Bank Cards)

Payable To	Person (s) Liabile	Collateral	How Payable	Balance Due
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	
TOTALS			\$	\$

SCHEDULE I Other Liabilities

Payable To	Person (s) Liabile	Collateral	How Payable	Balance Due
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	
TOTALS			\$	\$

SCHEDULE OF INCOME PROPERTY

Cost	Montage or Lien Holder	Annual Taxes	Monthly Income	Monthly Payments	Present Value	Balance Due
	TOTAL	\$	\$	\$	\$	\$

APPLICANT INFORMATION

Social Security No.		Driver's License No.		Home Phone		Cell Phone	
Occupation		Name of Employer		No. of Yrs	Salary		Business Phone
					\$ Per		
Amount of alimony, child support and maintained payment Income. Note: Alimony, child support or maintained payment income need not be revealed if you do not wish to have it considered. \$							
Names and address of any alimony, child support and maintenance payment income disclosed above as source of repayment.							
Alimony, child support, separate maintenance received under		court order		written agreement		oral	
Income (salary, pension, Social security, dividends, interest, etc.) Source: \$ Per month							

CO-APPLICANT INFORMATION

Co-applicant's Full Name		Age	Address				
Social Security No.		Driver's License No.		Home Phone		Cell Phone	
Occupation		Name of Employer		No. of Yrs	Salary		Business Phone
					\$ Per		
Amount of alimony, child support and maintenance payment income. Note: Alimony, child support income need not to be revealed if you do not wish to have it considered. \$							
Name of alimony, child support and maintained payment Income disclosed above as of repayment.							
Alimony, child support, separate maintained received under		court order		written agreement		oral	
Income (salary, pension, Social security, dividends, interest, etc.) Source \$ Per month							

SIGNATURES

I (we) hereby affirm that the foregoing information contained in this financial statement is presented as an application to lease space and is true, complete and correct. I (we) understand Lessor is relying on this statement of my (our) financial condition in order to lease space to me (us). Lessor is authorized to make any investigation of my (our) credit or employment status either directly or through any agency employed by Lessor for that purpose. Lessor may disclose to any other interested parties Lessor experience with this account. I (we) agree to inform the Lessor immediately of any matter which will cause any significant change in my (our) financial condition. I (we) understand the Lessor will retain this financial statement whether or not a Lease is executed.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

Consent (if you are relying on income from a person who is not an applicant above, please have that person complete this section so that we may verify their credit.)

I (we) authorize Lessor to make any investigation of my credit either directly or through any agency by Lessor for that purpose connection with this credit application.

Date _____ Signature _____ Social Security Number _____