

Financial Statement

Name:		DOB:
Spouses Name:		DOB:
Address:		How Long:
Own or Rent:	Number of Dependents:	Phone #:
Present Employer:		Phone #:
Address:		Position:
Supervisor:		How Long:
Spouse's Employer:		Phone #:
Address:		How Long:
Bank Reference:		Account #:
Bank Reference:		Account #:

Balance Sheet

Cash	\$ _____	Notes Payable(List Below)	\$ _____
Stocks & Bonds	\$ _____	Accounts Payable(List Below)	\$ _____
Accounts Receivable	\$ _____	Mortgages(List Below)	\$ _____
Life Insurance(Cash Value)	\$ _____	Autos(Total Owing)	\$ _____
Real Estate(List Below)	\$ _____	Income Taxes: Accrued to Date	\$ _____
Automobiles	\$ _____		
	\$ _____	Other	\$ _____
			\$ _____
Personal Possessions	\$ _____	Total Liabilities:	\$ _____
Other	\$ _____		
	\$ _____		
Total Assets:	\$ _____	Total Expenses:	\$ _____

Annual Income & Expense

Income:		Expense:	
Salary	\$ _____	Rent/Mortgage	\$ _____
Commissions	\$ _____	Payments/Notes,etc.	\$ _____
Dividends	\$ _____	Interest	\$ _____
Interest	\$ _____	Personal Living Expenses	\$ _____
Other Income	\$ _____	Other Expenses	\$ _____
	\$ _____		\$ _____
Total Income:	\$ _____	Total Expenses:	\$ _____

Real Estate Mortgages

Address	Description	Original Cost	Present Value	Mortgage or Trust Deed Balance	Monthly Payment	Held By
	Totals:					

Schedule Of All Amounts Owed(Other Than Real Estate Mortgages)

Account Name	Account #	Monthly Payment	Balance Owing
	Totals:		

Date: _____

Signature: _____ Social Security Number: _____

Signature: _____ Social Security Number: _____