



(This form needs to be signed and dated)

PERSONAL FINANCE STATEMENT AS OF:		
Name of Individual	Social Security No.	Date of Birth
Name of Spouse	Social Security No.	Date of Birth
Address		Home Phone Number

ASSETS		LIABILITIES	
	Account Balance		Account Balance
Cash in Banks	\$	Loans Payable - Banks	\$
Notes Receivable	\$	Notes Payable	\$
Accounts Receivable	\$	Accounts Payable	\$
Stocks/Bonds/Securities	\$	Taxes Payable	\$
Real Estate - Residence	\$	Mortgages Payable	\$
Real Estate - Investment/Other	\$	Other Liabilities	\$
Cash Value Life Insurance	\$		
Personal Property	\$	TOTAL LIABILITIES:	\$
Other Assets	\$	NET WORTH:	\$
TOTAL ASSETS: \$		TOTAL NET WORTH & LIABILITIES:	
INCOME: \$	Salary \$	Spouse's Salary \$	TOTAL INCOME \$
	Bonus/Other \$	Bonus/Other \$	

SUPPLEMENTARY SCHEDULES OF ASSETS AND LIABILITIES

(NOTE: All data listed above must appear in the appropriate schedules. Insert "None" where appropriate)

CASH IN BANKS		
Bank Name, Number, & Location	Account No.	Amount
		\$
		\$
		\$

NOTES & ACCOUNTS RECEIVABLE				
Name & Address of Debtor	Amount Due	Due Date	Pledged (yes/no)	Security
	\$			
	\$			
	\$			

STOCKS/BONDS/SECURITIES				
Name & Number(s) of Instrument	No. of Shares	Price/Share	Market Value	Exchange & Call
		\$	\$	
		\$	\$	
		\$	\$	

REAL ESTATE (Residence/Investment/Other)							
Location and Description	Year Acq'd	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Lien Holder
	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	

CASH VALUE OF LIFE INSURANCE				
Name of Insurance	Beneficiary	Face Value	Cash Value	Loans Outstanding
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

OTHER ASSETS				
Description	Title Holder	Cost	Market Value	Age
		\$	\$	
		\$	\$	
		\$	\$	

LOANS PAYABLE				
Name of Lender	Address	Balance Due	Due in One Year	How is it Secured?
		\$	\$	
		\$	\$	
		\$	\$	

ACCOUNTS & NOTES PAYABLE (Including charged accounts)					
Payable to whom	Address	Amount	Monthly Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		

OTHER LIABILITIES					
Description	Payable to whom	Amount	Monthly Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		

By: _____ Date: _____

By: _____ Date: _____