

# PERSONAL FINANCIAL STATEMENT

**CONFIDENTIAL**

Personal Financial Statement as of \_\_\_\_\_

FULL LEGAL NAME(S): \_\_\_\_\_  
 \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CELL PHONE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

E MAIL \_\_\_\_\_

Social Security # \_\_\_\_\_

Spouse Social Security # \_\_\_\_\_

<i>Assets</i>	<i>In Even Dollars</i>	<i>Liabilities and Net Worth</i>	<i>In Even Dollars</i>
Cash on hand and in Banks— See Schedule A	\$	Notes Payable: to Banks— See Schedule A	\$
U.S. Government Securities— See Schedule B		Notes Payable: Other Institutions— See Schedule A	
Listed Securities— See Schedule B		Notes Payable— Relatives	
Unlisted Securities— See Schedule B		Notes Payable— Others	
Other Equity Interests— See Schedule B		Accounts and Bills Due	
Accounts and Notes Receivable		Unpaid Taxes and Interest	
Real Estate Owned— See Schedule C		Real Estate Mortgages Payable— See Schedule C or D	
Mortgages and Land Contracts Receivable— See Schedule D		Land Contracts Payable— See Schedule C or D	
Cash Value Life Insurance— See Schedule E		Life Insurance Loans— See Schedule E	
Personal Property		Other Liabilities: Itemize	
Automobiles (present value)			
Other Assets: Itemize			
		<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH (Total Assets minus Total Liabilities)</b>	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

<i>Sources of Income</i>	<i>In Even Dollars</i>	<i>General Information</i>	
Salary	\$	Employer	
Bonus and Commissions		Position or Profession	No. Years
Dividends		Employer's Address	
Real Estate Income			Phone No.
*Other Income: Itemize		Partner, officer or owner in any other venture? <input type="checkbox"/> No <input type="checkbox"/> Yes	
		If so, explain:	
<b>TOTAL</b>	\$		
*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If		Are any assets pledged? <input type="checkbox"/> No <input type="checkbox"/> Yes Detail in Schedule A	



**Schedule C: Real Estate Owned (and related debt, if applicable)**

Description of Property or Address	Title in Name Of	Date Acq.	Cost + Improvements	Present Mkt. Value	Mortgage or Land Contract Payable		
					Bal. Owng	Mo. Payt.	Holder
<b>TOTAL</b>							

**Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)**

Description of Property or Address	Title in Name Of	Date Acq.	Balance Receivable	Monthly Payment	Mortgage or Land Contract Payable		
					Bal. Owng	Mo. Payt.	Holder
<b>TOTAL</b>							

**Schedule E: Life Insurance Carried**

Name of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary
<b>TOTAL</b>				

I/we have carefully read and submitted the foregoing information provided on all four pages of this statement to Danmour & Associates Management Co., Inc. The undersigned warrant, under penalty of perjury that the information contained in this Personal Financial Statement is a true and accurate statement of my/our financial condition on the date indicated. The information contained in this statement is provided for the purpose of obtaining, establishing and/or maintaining credit with Danmour & Associates Management Co., Inc. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify Danmour & Associates Management Co., Inc., in writing, of said change(s) and unless Danmour & Associates Management Co., Inc. is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize Danmour & Associates Management Co., Inc. to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer-reporting agency to furnish to Danmour & Associates Management Co., Inc. any information that it may have or obtain in response to such credit inquiries.

**I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows:**

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Applicant Signature

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Name Printed \_\_\_\_\_

Spouse/Co-Applicant Signature

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Name Printed \_\_\_\_\_