

PERSONAL FINANCIAL STATEMENT
 Page 1 of 2

Fax Completed Form To: 425-557-9581

NAME OF APPLICANT			SOCIAL SECURITY NUMBER	
RESIDENCE ADDRESS				NUMBER OF YEARS
CITY	COUNTY	STATE	ZIP	
PREVIOUS ADDRESS	CITY	STATE	ZIP	
DATE OF BIRTH	TELEPHONE HOME	TELEPHONE BUSINESS		
EMPLOYED BY OR OCCUPATION				NUMBER OF YEARS
SPOUSE'S NAME			SOCIAL SECURITY NUMBER	

ASSETS		LIABILITIES	
CASH IN BANK		CREDIT CARD DEPT. - SCHEDULE V	
CASH ON HAND		NOTES PAYABLE TO BANK - SCHEDULE V	
US GOVERNMENT SECURITIES - SCHEDULE I		NOTES PAYABLE TO OTHERS - SCHEDULE V	
STOCKS & BONDS - SCHEDULE I		ACCOUNTS AND BILLS PAYABLE - SCHEDULE V	
ACCOUNTS AND NOTES RECEIVABLE FROM RELATIVES & FRIENDS		ACCRUED TAXES ETC.	
ACCOUNTS AND NOTES RECEIVABLE FROM OTHERS		CHattel MORTGAGES OR LIENS PAYABLE	
REAL ESTATE MTGES AND CONTRACTS OWNED - SCHEDULE II		OTHER DEBTS - ITEMIZE	
REAL ESTATE OWNED - SCHEDULE III		LOANS ON LIFE INSURANCE POLICIES - SCHEDULE III	
VEHICLE(S)	MAKE MODEL	INCOME TAX PAYABLE	
	MAKE MODEL		
PERSONAL PROPERTY			
CASH VALUE INSURANCE - SCHEDULE IV			TOTAL LIABILITIES
OTHER ASSETS - ITEMIZE			NET WORTH (ASSETS MINUS LIABILITIES)
TOTAL ASSETS			TOTAL LIABILITIES AND NET WORTH

SOURCE OF INCOME		CONTINGENT LIABILITIES	
SALARY	<input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL	AS ENDORSER OR CO-MAKER	
BONUS AND COMMISSIONS	<input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUAL	ON LEASES OR CONTRACT	
DIVIDENDS		PROVISION FOR FEDERAL INCOME TAXES	
REAL ESTATE INCOME		OTHER SPECIAL DEBT	
OTHER INCOME - ITEMIZE			
TOTAL		TOTAL	

HAVE YOU EVER TAKEN BANKRUPTCY? IF YES, PLEASE ATTACH EXPLANATION.		PERSONAL BANK ACCOUNT CARRIED AT:	
ARE YOU DEFENDANT IN ANY SUITS OR LEGAL ACTIONS? IF YES, PLEASE ATTACH EXPLANATION		BRANCH	PHONE
PLEASE LIST ALL CONTINGENT LIABILITIES ON THE REVERSE SIDE.		BANK ACCOUNT NUMBER	

FOR THE PURPOSE OF PROCURING AND MAINTAINING CREDIT, THE UNDERSIGNED SUBMITS THE FORGOING AND FOLLOWING STATEMENT AND INFORMATION CONTAINED ON BOTH SIDES OF THIS SHEET BOTH WRITTEN AND PRINTED AND INCLUDING SUPPLEMENTAL STATEMENTS AS BEING A FULL, TRUE AND CORRECT STATEMENT OF MY FINANCIAL CONDITION ON THE DATE STATED. THE UNDERSIGNED AGREES TO NOTIFY LESSOR IMMEDIATELY IN WRITING OF ANY MATERIALLY UNFAVORABLE CHANGES IN HIS/HER FINANCIAL CONDITIONS, AND IN THE ABSENCE OF SUCH NOTICE, OR OF A NEW AND FULL WRITTEN STATEMENT, THIS MAY BE CONSIDERED AS A CONTINUING STATEMENT AND SUBSTANTIALLY CORRECT.

APPLICANT SIGNATURE _____ **DATE** _____

PERSONAL FINANCIAL STATEMENT

Page 2 of 2

Fax Completed Form To: 425-557-9581

NAME OF APPLICANT	SOCIAL SECURITY NUMBER
-------------------	------------------------

SCHEDULE I: STOCKS AND BONDS

NO. OF SHARES OR PAR VALUE	DESCRIPTION	VALUE PER SHARE	TOTAL MARKET VALUE	NO. OF SHARES OR PAR VALUE	DESCRIPTION	VALUE PER SHARE	TOTAL MARKET VALUE

SCHEDULE II: CONTRACTS OR MORTGAGES OWNED

LOCATION (TYPE OF PROPERTY)	MONTHLY INCOME	ORIGINAL BALANCE	PRESENT BALANCE	AMOUNT OWED	MONTHLY PAYMENT	OWED TO

SCHEDULE III: REAL ESTATE OWNED

LEGAL DESCRIPTION OR ADDRESS	COST	MARKET VALUE	MORTGAGE OR LIEN	MONTHLY PAYMENT	MORTGAGE HOLDER	OWED TO
RESIDENCE: YEAR PURCHASED:						

SCHEDULE IV: LIFE INSURANCE POLICIES

NAME OF INSURED	LIFE INSURANCE CO.	AMOUNT OF POLICY	CASH VALUE	LOANS AGAINST POLICY	BENEFICIARY

SCHEDULE V: PAYABLE - NOTES AND ACCOUNTS AND BILLS

TO WHOM PAYABLE	SECURITY	MATURITY	INTEREST RATE	MONTHLY PAYMENT	TOTAL DUE

HAVE YOU ESTABLISHED A TRUST ACCOUNT	WHO IS NAMED AS TRUSTEE
HAVE YOU MADE A WILL	WHO IS NAMED AS EXECUTOR

LIST ALL CONTINGENT LIABILITIES INCLUDING GUARANTIES, ENDORSEMENTS, CLAIMS, SUITS.