

Personal Financial Statement

Date: _____

Financial Statement Of (name): _____ Social Security # _____

(Street Address, City, State, Zip)

| | | | |
|--|--|--|--|
| Cash on hand and in banks | | Accounts Payable | |
| Savings Accounts | | Notes Payable to Banks and Others | |
| IRA or Retirement Acct. | | Installment Account (Auto) | |
| Accounts & Notes Receivable | | Installment Account (Other | |
| Life Insurance - Cash Surrender Value Only | | Loan on Life Insurance | |
| Stocks and Bonds | | Unpaid Taxes | |
| Real Estate (complete section below) | | Mortgages On Real Estate | |
| Automobile - Present Value | | Other Liabilities | |
| Other Personal Property | | Total Liabilities | |
| Other Assets | | <i>Net Worth (Assets less Liabilities)</i> | |
| Total | | Total | |

| | | | |
|---|--|--|--|
| ANNUAL INCOME | | ANNUAL EXPENDITURES | |
| Salary or Wages | | Property Taxes and Assessments | |
| Dividends and Interest | | Federal and State Income Taxes | |
| Rentals (Gross) | | Real Estate loan Payments | |
| Other Income (Describe) _____ _____ | | Payments on Contract & other notes (Describe) _____ _____ | |
| | | Insurance Premiums | |
| | | Estimated Living Expenses | |
| | | Other _____ _____ | |
| Total Income | | Total Expenditures | |

Signature: _____ Printed Name: _____ Date: _____

Real Estate Owned (Used attachment if necessary to list all properties owned.)

| | Property A | Property B | Property C |
|------------------------|------------|------------|------------|
| Type of Property | | | |
| Address | | | |
| Date Purchased | | | |
| Original Cost | | | |
| Present Market Value | | | |
| Mortgage Holder | | | |
| Mortgage Balance | | | |
| Payment Per Month/Year | | | |

1. STOCKS AND BONDS

| Name of Security | No. Shares | If Any Pledged, State to Whom and for What Purpose | Dividends Paid Last Two Years | Market Value |
|------------------|------------|--|-------------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL: | | | | \$ |

2. ACCOUNTS RECEIVABLE

| Name and Address (City and Street) From Whom Due | For What is Due | When Sold | When Due | Amount |
|--|-----------------|-----------|----------|--------|
| | | | | |
| | | | | |
| | | | | |
| TOTAL: | | | | \$ |

3. NOTES RECEIVABLE

| Name and Address (Street and City) for Whom Due | For What Due | How Secure | Date | Maturity | Amount |
|---|--------------|------------|------|----------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL: | | | | | \$ |

4. EQUIPMENT

| Description and Capacity of Items | Age of Item | Market Value | Cost | Encumbrance | Monthly Payment | |
|-----------------------------------|-------------|--------------|------|-------------|-----------------|----|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL: | | | | \$ | \$ | \$ |

5. LIFE INSURANCE - CASH VALUE

| Name of Company | Policy Number | Name of Insured | Beneficiary | Face Value | Cash Value | Amount Borrowed |
|-----------------|---------------|-----------------|-------------|------------|------------|-----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

The maker of the foregoing or a accompanying statement hereby authorizes the company to confirm the bank balances claimed and all other items comprising said statement. I authorize the Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, or manner of meeting obligations to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1 001). Section 817,234(l) (b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, or misleading information is guilty of a felony of the third degree."

Signature: _____ Printed Name: _____ Date: _____