PERSONAL FINANCIAL STATEMENT

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name Business Phone

Residence Address Residence Phone

City, State, & Zip Code

Business Name of Applicant/Borrower As of Date

 **ASSETS** (Omit Cents) **LIABILITIES** (Omit Cents)

Cash on hand & in Banks $

Savings Accounts $

IRA or Other Retirement Account $

Accounts & Notes Receivable $

Life Insurance-Cash Surrender Value Only $

 (Complete Section 8)

Stocks and Bonds $

 (Describe in Section 3)

Real Estate $

 (Describe in Section 4)

Automobile-Present Value $

Other Personal Property $

 (Describe in Section 5)

Other Assets $

 (Describe in Section 5)

 **Total** $

Accounts Payable $

Notes Payable to Banks and Others $

 (Describe in Section 2)

Installment Account (Auto) $

 Mo. Payments $

 Mo. Payments $

Installment Account (Other) $

 Mo. Payments $

 Mo. Payments $

Loan on Life Insurance $

Mortgages on Real Estate $

 (Describe in Section 4)

Unpaid Taxes $

 (Describe in Section 6)

Other Liabilities $

 (Describe in Section 7)

Total Liabilities $

**Net Worth** $

 **Total**  $

**Section 1. Source of Income** **Contingent Liabilities**

Salary $

Net Investment Income $

Real Estate Income $

Other Income (Describe below)\* $

As Endorser or Co-Maker $

Legal Claims & Judgments $

Provision for Federal Income Tax $

Other Special Debt $

| Description of Other Income in Section 1. |
| --- |
|  |
|  |
|  |
| \*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income. |
| **Section 2. Notes Payable to Banks and Others.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) |
| Name and Address of Noteholder(s) | Original Balance | Current Balance | Payment Amount | Frequency (monthly, etc.) | How Secured or EndorsedType of Collateral |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **877-77-MAXIM | 877-776-2946 |** [**www.maximcc.com**](http://www.maximcc.com) |  |  |  |  |

|  |
| --- |
| **Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).** |
| Number of Shares | Name of Securities  | Cost  | Market Value Quotation/Exchange | Date of Quotation/Exchange  | Total Value |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Section 4. Real Estate Owned.** | (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.) |
|  | Property A | Property B | Property C |
| Type of Property |  |  |  |
| Address |  |  |  |
| Date Purchased |  |  |  |
| Original Cost |  |  |  |
| Present Market Value |  |  |  |
| Name & Address of Mortgage Holder |  |  |  |
| Mortgage Account Number |  |  |  |
| Mortgage Balance |  |  |  |
| Amount of Payment per Month/Year |  |  |  |
| Status of Mortgage |  |  |  |

|  |
| --- |
| **Section 5. Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)  |
|  |
| **Section 6. Unpaid Taxes.** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.) |
|  |
| **Section 7. Other Liabilities.** (Describe in detail.) |
|  |
| **Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries) |
|  |
|  I authorize Broker/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).  |
| Signature: Date: Social Security Number: |
| Signature: Date: Social Security Number: |
| NOTES: |