PERSONAL FINANCIAL STATEMENT (PFS)



Date of PFS:	Applica	nt Name(s):_			
Are you a Defendant in an	y suit or legal action?	-	NO		lease explain)
If YES:					
Have you filed for Bankrup	otcy in last 10 years?		NO	YES (p	lease explain)
If YES:					
Residential Status:	OWN	RENT		If RENT, monthly amou	unt: \$
SCHEDULE A:					
Cash on Hand (Banks, Cre	edit Unions, etc)				
NAME of BANKING	INSTITUTION	NA	ME(s) o	n ACCOUNT	BANK BALANCE
				TOTAL	
SCHEDIII E D.					

SCHEDULE B:

Finance Companies, Credit Cards, Vehicle Loans, Student Loans, etc.

List the names of all the institutions which you have obtained loans.

EXCLUDING Mortgages. For Mortgage see Schedule D

EXCLUDING Agency Loans. For Agency Loans see Schedule E

NAME on ACCOUNT	ORIGINAL BALANCE	AMOUNT OWING	MONTHLY PAYMENT	SECURED WHAT ASS
ACCOUNT	BALANCE	OWING	PAYMENT	WHAT ASS
			1	ì
			1	
	L			
		TOTAL	TOTAL	TOTAL

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PERSONAL FINANCIAL STATEMENT (continued)



SCHEDULE C:

Non-Cash Holdings

U.S. Governments, Stocks, Bonds and Partnership Interests

NUMBER OF:	INDICATE:			PLED	GED:
Shares, Value or %	Company issuing security, partnership, investment or equity classification	In Name Of	Market Value*	YES	NO
	partnership interest, provide current				

financial statements to support basis for valuation.

SCHEDULE D:

Real Estate Owned (and related debt if applicable)

- *Type refers to: residence, rental, vacation, commercial, etc
- **Monthly Income if property generates income to owner

PROPERTY	T\/DF*	DATE	MARKET N	MONTHLY	МС	RTGAGE PA	YABLE
ADDRESS	TYPE*	ACQUIRED	VALUE	INCOME**	OWING	PAYMENT	HOLDER
		TOTAL					

SCHEDULE E:

Value of Insurance Agency now Owned (and related debt if applicable)

AGENCY	*PURCHASE or	LOANS AGAINST AGENCY (if applicable)				
NAME	START DATE	ORIGINAL BALANCE	BALANCE OWED	PAYMENT	LIEN HOLDER	
	TOTAL					

*PURCHASE DETAILS

**Source of down-payment refers to Cash on Hand, Seller Note, Agency, etc

<u> </u>				
AGENCY NAME	ORIGINAL PURCHASE PRICE	AMOUNT of DOWN-PAYMENT	**SOURCE of DOWN-PAYMENT	AGENCY VALUE



SCHEDULE F:

:	Incurance	C =: = =1
ITA	inclirance	Carrida

COMPANY NAME	FACE AMOUNT	\$ SURRENDER VALUE	LOANS	BENEFICIARY
TOTAL				

SCHEDULE G:

Unpaid Taxes

TVDE OF TAVEC	DEL ONGINIC TO	VEAD	UNDER REPAYMENT		ANACHNIT DUE	MONTHLY
TYPE OF TAXES	BELONGING TO	YEAR YES NO		NO	AMOUNT DUE	PAYMENT
				TOTAL		

SCHEDULE H:

Additional Assets

Automobiles, Boats, RVs, Personal Property, etc.

DESCRIPTION OF ITEMS	PRESENT MARKET VALUE
TOTAL	

SCHEDULE I:

Additional Liabilities

Additional Elabilities	
DESCRIPTION OF LIABILITIES	AMOUNT
ΤΟΤΔΙ	

SOURCE of ANNUAL INCOME	IN EVEN DOLLARS
Income (W2, 1099, etc)	
Bonus and Commission Income	
Dividend/Interest Income	
Real Estate Income	
Other Income	
TOTAL	

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PERSONAL FINANCIAL STATEMENT (continued)



Please fill in the totals below using the information provided on previous pages.

ASSETS	IN EVEN DOLLARS	LIABILITIES	IN EVEN DOLLARS
Cash on Hand: Total From Schedule A		Credit Card Balances: Total From Schedule B	
Non-Cash Holdings: Total From Schedule C		Automobile Loans: Total From Schedule B	
Real Estate Owned: Total From Schedule D		Student Loans: Total From Schedule B	
Value of the Agency YOU OWN (if applicable) Total From Schedule E		Loan Against Agency YOU OWN (if applicable) Total From Schedule E	
Cash Value Life Insur: Total From Schedule F		Real Estate Payable: Total From Schedule D	
Additional Assets: Total From Schedule H		Life Insur. Loans Total From Schedule F	
		Unpaid Taxes: Total From Schedule G	
TOTAL ASSET		Additional Liabilities: Total From Schedule I	
		TOTAL LIABILITIES	
		NET WORTH	

DATE:	SIGNATURE OF APPLICANT:
DATE:	SIGNATURE OF JOINT APPLICANT: