PERSONAL FINANCIAL STATEMENT AS OF

Date

SUBMITTED TO: David Dexter, ACF COMMERCIAL 603-738-1807

PERSONAL INFORMATION							
APPLICANT (NAME)				APPLICANT (NAME)			
Employer				Employer			
Address of Employer				Address of Employer			
Business Phone No.	No. of Years with Employer	Title/Position		Business Phone No.	No. of Years with Employer	Title/Position	
Name of previous employer & position (if with current employer less than 3 yrs)			No of Yrs.	Name of previous employer & position (if with current employer less than 3 yrs)			No of Yrs.
Home Address				Home Address			
Home Phone No.	Social Security No.	Date of Birth		Home Phone No.	Social Security No.	Date of Birth	
Name, Phone No. of your Accountant				Name, Phone No. of your Accountant			
Name, Phone No. of your Attorney				Name, Phone No. of your Attorney			
Name, Phone No. of your Investment Advisor/Broker				Name, Phone No. of your Investment Advisor/Broker			
Name, Phone No. of your Insurance Advisor				Name, Phone No. of your Insurance Advisor			

Cash Income & Expenditures Statement for Year Ended (Omit Cents)

ANNUAL INCOME	AMOUNT ($)
Salary (applicant)	
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List) **	
TOTAL INCOME ➔	$

ANNUAL EXPENDITURES	AMOUNT ($)
Federal Income and Other Taxes	
State Income and Other Taxes	
Rental Payment, Co-op, or Condo Maintenance	
Mortgage Payments	
Property Taxes	
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Tuition	
Other Living Expenses	
Medical Expenses	
Other Expense (List)	
TOTAL EXPENDITURES ➔	$

Any significant changes expected in the next 12 months? ☐ Yes ☐ No (If yes, attach information)

** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Balance Sheet as of

ASSETS	AMOUNT ($)	LIABILITIES	AMOUNT ($)
Cash in this bank (Including money market accounts, CDs)		Notes Payable to this Bank	X X X X
		Secured	
Cash in Other Financial Institutions (List) (Including money market accounts, CDs)		Unsecured	
		Notes Payble to Others (Schedule E)	X X X X
		Secured	
		Unsecured	
		Accounts Payable (including credit cards)	
		Margin Accounts	
Readily Marketable Securities (Schedule A)		Notes Due: Partnership (Schedule D)	
Non-Readily Marketable Securities (Schedule A)		Taxes Payables	
Accounts and Notes Receivable		Mortgage Debt (Schedule C)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Life Insurance Loans (Schedule B)	
Residential Real Estate (Schedule C)		Other Liabilities (List):	
Real Estate Investments (Schedule C)			
Partnerships / PC Interests (Schedule D)			
IRA,Keogh,Profit Sharing&Other Vested Retirement Accts			
Deferred Income (number of years deferred ______)			
Personal Property (including automobiles)			
Other Assets (List):			
		TOTAL LIABILITIES	
		NET WORTH	
	$		$

CONTINGENT LIABILITIES	YES	NO	AMOUNT ($)
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?	☐	☐	
Do you have any outstanding letters of credit or surety bonds?	☐	☐	
Are there any suits or legal actions pending against you?	☐	☐	
Are you contingently liable on any lease or contract?	☐	☐	
Are any of your tax obligations past due?	☐	☐	
What would be your total estimated tax liability if you were to sell your major assets?			
If yes, for any of the above, give details:			

Schedule A – All Securities (including non-money market mutual funds)

No. of Shares (Stock) or Face Value (Bonds)	DESCRIPTION	OWNERS(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEDGED YES	PLEDGED NO
READILY MARKETABLE SECURITES (including U.S. Government and Municipals)*							
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
NON-READILY MARKETABLE SECURITES (closely held, thinly traded, or restricted apply)							
						☐	☐
						☐	☐
						☐	☐

* If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Schedule B – Insurance

Life Insurance (use additional sheet if necessary)

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)

Personal Residence		Purchase							
Property Address	Legal Owner	Year	Price	Market Value	Present Loan Balance	Inter-est Rate	Loan Maturity Date	Monthly Payment	Lender
Investment		Purchase							
Property Address	Legal Owner	Year	Price	Market Value	Present Loan Balance	Inter-est Rate	Loan Maturity Date	Monthly Payment	Lender

Schedule D – Partnerships (less than majority ownership for real estate partnerships)*

Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Marked Value	Balance Due on Partnerships; Notes, Cash Call	Final Contribution Date
Business/Professional (indicate name):						
Investments (Including Tax Shelters):						

*Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s/

Schedule E – Notes Payable

Due to	Type of Facility	Amount of Line	Secured Yes	Secured No	Collateral	Interest Rate	Maturity	Unpaid Balance
			☐	☐				
			☐	☐				

			☐	☐				
			☐	☐				

Please Answer The Following Questions:

1. Income tax returns filed through (date): Are any returns currently being audited or contested? ☐ Yes ☐ No
If yes, what year(s)?

2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? ☐ Yes ☐ No
If yes, what year(s)?

3. Have you drawn a will? ☐ Yes ☐ No
If yes, please furnish the name of the executor(s) and year will was drawn:

4. Number of dependants (excluding self) and relationship to applicant:

5. Have you ever had a financial plan prepared for you? ☐ Yes ☐ No

6. Did you include two years federal state tax returns? ? ☐ Yes ☐ No

7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? ? ☐ Yes ☐ No
If so, please indicate where, how much, and name of banker:

8. Do you anticipate any substantial inheritances? ? ☐ Yes ☐ No
If yes, please explain:

Representatives and Warranties

The information contained in this statement is provided to induce you to extend or to continue extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebteness of the undersigned or the indebteness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer-reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer any questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Date _______________ Your Signature _______________

Date _______________ Co-Applicant's Signature (if you are requesting the financial accommodation jointly) _______________