



PERSONAL FINANCIAL STATEMENT

As of _____, _____

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan.

Name	Business Phone
Home Address	Home Phone
City, State, & Zip Code	
Business Name of Applicant	

ASSETS	LIABILITIES
(Omit Cents)	(Omit Cents)
Cash on Hand & in banks.....\$ _____	Accounts Payable.....\$ _____
Savings Accounts.....\$ _____	Notes Payable to Banks and Others.....\$ _____
IRA or Other Retirement Account.....\$ _____	(Describe in Section 2)
(Describe in Section 5)	Installment Account (Auto).....\$ _____
Accounts & Notes Receivable.....\$ _____	Mo. Payments \$ _____
(Describe in Section 5)	Installment Account (Other).....\$ _____
Life Insurance – Cash Surrender Value Only.....\$ _____	Mo. Payments \$ _____
(Describe in Section 8)	Loan(s) Against Life Insurance.....\$ _____
Stocks and Bonds.....\$ _____	Mortgages on Real Estate.....\$ _____
(Describe in Section 3)	(Describe in Section 4)
Real Estate.....\$ _____	Unpaid Taxes.....\$ _____
(Describe in Section 4)	(Describe in Section 6)
Automobiles.....\$ _____	Other Liabilities.....\$ _____
(Describe in Section 5, and include Year/Make/Model)	(Describe in Section 7)
Other Personal Property.....\$ _____	Total Liabilities.....\$ _____
(Describe in Section 5)	Net Worth.....\$ _____
Other Assets.....\$ _____	
(Describe in Section 5)	
Total \$ _____	Total \$ _____
	*Must equal total in assets column.

Section 1. Source of Income.	Contingent Liabilities
Salary.....\$ _____	As Endorser or Co-Maker.....\$ _____
Net Investment Income.....\$ _____	Legal Claims & Judgments.....\$ _____
Real Estate Income.....\$ _____	Provision for Federal Income Tax.....\$ _____
Other Income (Describe below)*.....\$ _____	Other Special Debt.....\$ _____

Description of Other Income in Section 1.

*Alimony or child support payments should 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 part of this statement and signed.)

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as 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 Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
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 the ABO CAPITAL to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that ABO CAPITAL or its participating Lenders will rely on this information when making decisions regarding an application for a loan. I further certify that I have read the attached statements required by law and executive order.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____