



# Personal Financial Statement

U.S. Small Business Administration

As of (date)

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 and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 Business Name of Applicant/Borrower \_\_\_\_\_

## Assets

Cash in Banks \$ \_\_\_\_\_  
 Savings in Banks \$ \_\_\_\_\_  
 IRA / Retirement \$ \_\_\_\_\_  
 Cash Value Of Life Insurance \$ \_\_\_\_\_  
Complete Section 8  
 Stocks & Bonds \$ \_\_\_\_\_  
Describe in Section 3  
 Real Estate Owned \$ \_\_\_\_\_  
Describe in Section 4  
 Automobile – Present Value \$ \_\_\_\_\_  
 Other Assets & Property \$ \_\_\_\_\_  
Describe in Section 5  
**Total Assets** \$ 0 \_\_\_\_\_ *Equals*

## Liabilities

Accounts Payable \$ \_\_\_\_\_  
Describe in Section 2  
 Notes Payable \$ \_\_\_\_\_  
Describe in Section 2  
 Installment Loans \$ \_\_\_\_\_  
Describe in Section 2  
 Other Loans \$ \_\_\_\_\_  
Describe in Section 2  
 Real Est. Loans \$ \_\_\_\_\_  
Describe in Section 4  
 Other Liabilities \$ \_\_\_\_\_  
Describe in Section 7  
 Unpaid Taxes \$ \_\_\_\_\_  
Describe in Section 6  
**Total Liabilities** \$ 0 \_\_\_\_\_  
**Net Worth** \$ 0 \_\_\_\_\_  
**Total** \$ 0 \_\_\_\_\_

### Section 1

Salary \$ \_\_\_\_\_  
 Net Investment Income \$ \_\_\_\_\_  
 Real Estate Income \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_ Describe other income: \_\_\_\_\_

### Section 2 Notes Payable to Bank and Others (use attachment A if necessary)

Name and address of Note Holder	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral
	\$	\$	\$	Monthly	
	\$	\$	\$	Monthly	
	\$	\$	\$	Monthly	
	\$	\$	\$	Monthly	
	\$	\$	\$	Monthly	
	\$	\$	\$	Monthly	
	\$	\$	\$	Monthly	
	\$	\$	\$	Monthly	

**Section 3 Stocks and Bonds** (use attachments if necessary)

Number of Shares	Name of securities	Cost	Market Value Quotation/Exch.	Date of Quote	Total Value
		\$	\$		\$ 0
		\$	\$		\$ 0
		\$	\$		\$ 0
		\$	\$		\$ 0

**Section 4 Real Estate Owned** (List Each Parcel Separately. Use attachments if necessary.)

	Property A	Property B	Property C
Type of Property	Residential	Residential	Residential
Address of Property			
Name and address of Title Holder			
Date Purchased			
Original Cost	\$	\$	\$
Present Market Value	\$	\$	\$
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance	\$	\$	\$
Monthly Payment	\$	\$	\$
Status of Mortgage	Current	Current	Current

**Section 5 Other Personal Property and Other Assets** (describe, 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 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 SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the information contained in the Personal Financial Statement 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 \_\_\_\_\_ SSN: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ SSN: \_\_\_\_\_

Please note: The estimated average burden hours for this completion of the form is 1.5 hours per response. If you have any question or comments concerning this estimated or any other aspect of this information, please contact Chief Administrative Branch US small Business administration, Washington DC 20416 and clearance office, Paper Reduction Project (3245-0188), Office of Management and Budget. Washington, DC 20503



## Personal Family Budget

(Personal Financial Statement Attachment)

<b>INCOME</b>	<b>MONTHLY</b>	<b>Yearly</b>
Gross Salary or Draw (per latest Tax Return)	\$ _____	\$ 0 _____
Spousal Salary (Per latest Tax Return)	\$ _____	\$ 0 _____
Gross Rental Income	\$ _____	\$ 0 _____
Interest / Dividend Income	\$ _____	\$ 0 _____
Other Income	\$ _____	\$ 0 _____
<b>Total Income</b>	<b>\$ 0</b>	<b>\$ 0</b>

<b>EXPENSES</b>	<b>MONTHLY</b>	<b>Yearly</b>
Residence Payment (Mortgage or Rent)	\$ _____	\$ 0 _____
Rental Property Mortgage	\$ _____	\$ 0 _____
Rental Expenses (impounds, cash expenses)	\$ _____	\$ 0 _____
Auto Loan Payments (List all debts on Financial Statement)	\$ _____	\$ 0 _____
Installment Payments (List all debts on Financial Statement)	\$ _____	\$ 0 _____
Credit Card Payments (List all debts on Financial Statement)	\$ _____	\$ 0 _____
Utilities & Phone	\$ _____	\$ 0 _____
Insurance Payments	\$ _____	\$ 0 _____
Food, Clothing	\$ _____	\$ 0 _____
Income Tax	\$ _____	\$ 0 _____
Property Tax	\$ _____	\$ 0 _____
Alimony	\$ _____	\$ 0 _____
Child Care/Support	\$ _____	\$ 0 _____
Other	\$ _____	\$ 0 _____
Miscellaneous (10% of Monthly Income)	\$ _____	\$ 0 _____
<b>Total Expenses</b>	<b>\$ 0</b>	<b>\$ 0</b>
<b>Net Discretionary Income</b>	<b>\$ 0</b>	<b>\$ 0</b>

I /we hereby certify that the above information is true and correct to the best of my/our knowledge and belief.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_