

PERSONAL FINANCIAL STATEMENT

Fill Out Separate Form For Each Lease Applicant

Assets	
Name of Applicant: Last _____ First _____ MI _____ M S D	
Social Security # _____ Drivers License # _____ State _____	
Date of Birth ____/____/____ Home Phone: _____	
Cell Phone: _____ Business Phone: _____	
If Married Spouses Name _____	
Spouses Address _____	
Spouses Social Security # _____ Home Phone _____	
Totals	
1. Cash on hand and Restricted in banks: \$ _____ \$ _____	
2. Accounts & Loans Receivable (please list separately): _____ _____ _____	
3. Notes Receivable and not discounted _____ _____ _____	
4. Life Insurance cash surrender value(do not deduct loans) \$ _____	
5. Stock and Securities other than Guaranteed US Govt. and Govt. Agencies: _____ _____	
6. Real Estate registered solely/jointly in the names of the undersigned: _____ _____ _____ _____	
7. Value of interest in Real Estate owned jointly with another addressee: \$ _____ \$ _____ \$ _____	
8. Automobiles registered solely in the names of the undersigned: _____ _____ _____	
9. Other assets (please itemize): _____ _____ _____ _____ _____	

Please use back of form for any additional space needed.

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10. Notes payable to banks, Unsecured Direct Borrowings only: \$ _____ _____	
11. Notes payable to banks, Secured Direct Borrowings only: \$ _____ _____	
12. Net Worth (as shown on line 2) \$	
13.	
14. Total Assets	
Source of Income	Totals
15. Salary 1) \$ _____ 2) \$ _____	
Bonus/ Commissions \$ _____ \$ _____	
Dividends: \$ _____	
Real Estate Income: _____ \$ _____	
16. Other Income (itemize): 	
List Stock and Addresses of Real Estate owned: _____ _____ _____ _____ _____	

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Liabilities & Net Worth	
18. Notes payable to banks, Unsecured Direct Borrowing's only	\$
19. Notes payable to banks, Secured – Direct Borrowings only	\$
20. Loans against Life Insurance	\$
21 Accounts payable	\$
22. Mortgage payable on Real Estate	\$
23. Other Liabilities – <u>itemize</u>	
24. Total Liabilities	
25. Net Worth (from line 12)	
Personal Information	
Dependent Children	D/O/B
1.	
2.	
3.	
4.	
5.	
Business/Occupation	
1.	
2.	
Other dependents:	
1. _____	
2. _____	
3. _____	

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Credit References:

Banking:

Business Checking: _____ # _____

Business Checking: _____ # _____

Checking: _____ # _____

Checking: _____ # _____

Savings: _____ # _____

Savings: _____ # _____

Other: _____ # _____

Other: _____ # _____

Cards: _____ # _____

_____ # _____

_____ # _____

_____ # _____

Information in this statement is deemed to be true by me the Undersigned:

Please print and sign name:

Date: _____