

# Personal Financial Statement

As of \_\_\_\_\_, 20\_\_

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, or (4) any person or entity providing a guaranty on the loan.

Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address \_\_\_\_\_ Residence Phone \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_

Business Name or Applicant/Borrower \_\_\_\_\_

<b>ASSETS</b>	(Omit Cents)	<b>LIABILITIES</b>	(Omit Cents)
Cash on hands & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others (Describe in Section 2)	\$ _____
IRA or Other Retirement Account	\$ _____	Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Monthly Payments \$ _____	
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$ _____	Installment Account (Other)	\$ _____
Stocks and Bonds (Describe in Section 3)	\$ _____	Monthly Payments \$ _____	
Real Estate (Describe in Section 4)	\$ _____	Loan on Life Insurance	\$ _____
Automobile-Present Value	\$ _____	Mortgages on Real Estate (Describe in Section 4)	\$ _____
Other Personal Property (Describe in Section 5)	\$ _____	Unpaid Taxes (Describe in Section 6)	\$ _____
Other Assets (Describe in Section 5)	\$ _____	Other Liabilities (Describe in Section 7)	\$ _____
<b>Total</b>	<b>\$ _____</b>	Total Liabilities	\$ _____
		Net Worth	\$ _____
		<b>Total</b>	<b>\$ _____</b>

<b>Section 1. Source of Income</b>		<b>Contingent Liabilities</b>	
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 need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**Section 2.** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

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

(PHOTOCOPY FOR EACH APPLICANT)

<b>Section 3.</b>					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

<b>Section 4.</b> (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 Property			
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.** (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 Coast Commercial Credit, LLC, the SBA and or assigns to make inquiries as necessary to verify the accuracy of the statements made to determine my creditworthiness. I certify the above 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: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_