

Personal Financial Statement

Statement of Financial Condition for _____ as of _____

ASSETS (Do not include assets of doubtful value)	IN DOLLARS (Omit cents)	LIABILITIES	IN DOLLARS (Omit cents)
Cash on Hand and in Banks – see Schedule 1		Real Estate Mortgage Payable – see Schedule 6	
Marketable Securities (Stocks, Bonds, Etc.) – see Schedule 2		Notes Payable	
Primary Residence – see Schedule 6		Margin/Debt Due to Brokers	
Other Real Estate – see Schedule 6		Partnership Related Debt	
Investments in Partnerships – see Schedule 4		Taxes Payable	
Closely Held Corporations – see Schedule 3		Credit Card Debt	
Cash Value Life Insurance – see Schedule 5		Other Liabilities – Please List	
Automobiles			
Personal Property			
Retirement Accounts (IRAs, Keoghs & Other Qualified Plans)			
Accounts & Notes Receivable			
Other Assets – Please List			
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities & Net Worth	
		Contingent Liabilities – See Schedule 7	

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SCHEDULE 1 – CASH *(Please provide copies of most recent bank statements)*

ACCOUNT NAME	BANK	BALANCE	ACCOUNT TYPE	ACCOUNT NUMBER	PLEGGED?
		\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$			<input type="checkbox"/> YES <input type="checkbox"/> NO

SCHEDULE 2 – MARKETABLE SECURITIES *(Please provide copies of most recent brokerage statements)*

ACCOUNT NAME	BROKERAGE FIRM	CURRENT MARKET VALUE	ACCOUNT TYPE	ACCOUNT NUMBER	PLEGGED?
		\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$			<input type="checkbox"/> YES <input type="checkbox"/> NO
		\$			<input type="checkbox"/> YES <input type="checkbox"/> NO

SCHEDULE 3 – NON-MARKETABLE SECURITIES

NUMBER OF SHARES	DESCRIPTION	IN NAME OF	PLEGGED?	CURRENT MARKET VALUE
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

SCHEDULE 4 – INVESTMENTS IN PARTNERSHIPS *(Please provide audited financial statements)*

PARTNERSHIP NAME	GENERAL, LIMITED, OTHER	% OWNED	COST	CURRENT MARKET VALUE
		%	\$	\$
		%	\$	\$
		%	\$	\$

SCHEDULE 5 – LIFE INSURANCE *(Please provide copies of most recent policy summary)*

NAME OF INSURANCE COMPANY	OWNER OF POLICY	BENEFICIARY	FACE AMOUNT	TOTAL POLICY LOAN AMOUNT	CASH SURRENDER VALUE
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

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SCHEDULE 6 – REAL ESTATE *(Include primary residence as Property A)*

	PROPERTY A	PROPERTY B	PROPERTY C
Address of Property			
Type of Property			
In Name of			
% of Ownership			
Date Purchased			
Original Cost			
Present Market Value			
Name of Mortgage Holder			
Mortgage Balance			
Monthly Payment			
Status of Mortgage			
	PROPERTY D	PROPERTY E	PROPERTY F
Address of Property			
Type of Property			
In Name of			
% of Ownership			
Date Purchased			
Original Cost			
Present Market Value			
Name of Mortgage Holder			
Mortgage Balance			
Monthly Payment			
Status of Mortgage			

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SCHEDULE 7 – CONTINGENT LIABILITIES *(If none, write none on schedule)*

TYPE OF CONTINGENCY	TOTAL AMOUNT OF LIABILITY	TYPE OF LIABILITY
As Guarantor or Endorser		
On Leases or Contracts		
For Legal Claims or Judgments		
Income Tax Claim or Dispute		

ACKNOWLEDGEMENT AND SIGNATURES

Signature:	Date:
Print Name:	
Additional Signature (if applicable):	Date:
Print Additional Name (if applicable):	