



P.O. Drawer 4450 • 100 S. Madison Ave.  
Eatonton, Ga. 31024 (706) 485-9941

**PERSONAL FINANCIAL STATEMENT** as of \_\_\_\_/\_\_\_\_/\_\_\_\_

PERSONAL INFORMATION					
APPLICANT (NAME)			CO-APPLICANT (NAME)		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone	No yrs	Title/Position	Business Phone	No yrs	Title/Position
Name of previous employer, if less than 3 yrs			Name of previous employer, if less than 3 yrs		
Home Address			Home Address		
Home Phone	Soc Sec Nbr	Date of Birth	Home Phone	Soc Sec Nbr	Date of Birth
Name, Phone Nbr of your Accountant			Name, Phone Nbr of your Accountant		
Name, Phone Nbr of your Attorney			Name, Phone Nbr of your Attorney		
Name, Phone Nbr of your Investment Advisor			Name, Phone Nbr of your Investment Advisor		
Name, Phone Nbr of your Insurance Advisor			Name, Phone Nbr of your Insurance Advisor		

**Cash Income & Expenditures Statement for the Year Ended \_\_\_\_\_ (omit cents)**

ANNUAL INCOME	AMOUNT (\$)	ANNUAL EXPENDITURES	AMOUNT (\$)
Salary (applicant)		Federal Income and other taxes	
Salary (co-applicant)		State Income and other taxes	
Bonuses Commissions (applicant)		Rental Pmts, Co-op or Regime fees	
Bonuses Commissions (co-applicant)		Mortgage Pmts	Residential Investment
Rental Income		Property Taxes	Residential Investment
Interest Income		Interest & Principal Pmts on Loans	
Dividend Income		Insurance	
Capital Gains		Investments (including tax shelters)	
Partnership Income		Alimony / Child Support	
Other Investment Income		Tuition	
Other Income (List)**		Other Living Expense	
		Medical Expense	
		Other Expense (list)	
TOTAL INCOME ►		TOTAL EXPENSE ►	



						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**Schedule B – Insurance / Life Insurance** (use additional sheet if necessary)

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Monthly Distribution if Disabled	Number of Years Covered
Applicant		
Co-Applicant		

**Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt** (majority ownership only)

Personal Residence (address)	Legal Owner	Date Bought	Cost	Market Value	Present Loan Balance	Int. Rate	Loan Maturity Date	Yrly Pymt	Lender
Investment Property	Owner-ship	Type of R/E	Cost	Market Value	Present Loan Balance	Yrly Pymt	Lender	Gross Income	Total Expense

**Schedule D – Partnerships**(less than majority ownership for real estate Partnerships)\*\*

Type of investment	Date of Investment	Cost	Percent Owned	Current Market Value	Due on: Notes, cash calls	Final Contribution Date

**\*\*NOTE:** For investments which represent a material portion of your total assets and/or income, please include the relevant financial statements or tax returns and in the case of partnership investments or S-Corps, schedule K-1s

**Schedule E – Notes Payable**

Due to	Type	Amount	Secured		Collateral	Interest Rate	Maturity	Balance Owning
			Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

**Please Answer The Following Questions:**

1. Income tax returns filed through (date): \_\_\_\_\_. Are any returns currently being audited or contested? yes ☐ no ☐

If yes, what year(s)? \_\_\_\_\_

2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? yes ☐ no ☐

3. Have you drawn a will? Yes ☐ no ☐ If yes, when and name of executor(s) \_\_\_\_\_

4. Number of dependents (excluding self) and relationship to applicant: \_\_\_\_\_

5. Have you ever had a financial plan prepared for you? Yes ☐ No ☐

6. Did you include two years of Federal and State tax returns? Yes ☐ No ☐

7. Do (either of) you have a line of credit facility at any other institution(s)? Yes ☐ No ☐

If so, please indicate where, how much, and name of banker: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Do you anticipate any substantial inheritances? Yes ☐ No ☐

If yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

9. Have you received any commissions or bonuses in excess of \$5,000.00 in the twelve (12) months prior to signing this Personal Financial Statement? Yes ☐ No ☐

If yes, please identify each commission/bonus received and the corresponding date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Representations and Warranties**

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue to grant credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer any questions about your credit experience with the undersigned. As long as any obligation or guarantee to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial and any other financial or other information that the undersigned give you shall be your property.

**The undersigned expressly acknowledges and understands that any knowingly false statement contained in this Personal Financial Statement may subject the undersigned to violations of Federal Law including a fine of up to \$1,000,000.00 or imprisonment up to thirty (30) years, or both, pursuant to 11 U.S.C. §1014.**

\_\_\_\_\_ (applicant) \_\_\_\_\_ (date)

\_\_\_\_\_ (co-applicant) \_\_\_\_\_ (date)