



**PERSONAL FINANCIAL STATEMENT - CONFIDENTIAL**

Personal Financial Statement of \_\_\_\_\_

Applicant's Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

*Please complete the entire statement. Include spouse information. Please do not leave any questions unanswered. Incomplete or improperly completed statements will delay our ability to complete a review of your file.*

Assets	In Even Dollars	Liabilities and Net Worth	In Even Dollars
Cash on hand and in Banks - See Schedule A	\$	Notes Payable: This Bank - See Schedule A	\$
U.S. Government Securities - See Schedule B		Notes Payable: Other Institutions - See Schedule A	
Listed Securities - See Schedule B		Notes Payable – Relatives	
Unlisted Securities - See Schedule B		Notes Payable – Others	
Accounts and Notes Receivable		Accounts and Bills Due	
Real Estate Owned - See Schedule C		Unpaid Taxes	
Mortgages and Land Contracts Receivable- See Schedule D		Mortgages and Land Contracts Payable - See Schedule C or D	
Cash Value Life Insurance - See Schedule E		Life Insurance Loans - See Schedule E	
		Other Liabilities	
		<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH (TOTAL ASSETS - TOTAL LIABILITIES)</b>	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

Sources of Income	In Even Dollars	General Information
Salary	\$	Employer
Bonus and Commission		Position and Profession
No. of Years		
Dividends		Employer's Address
Real Estate Income		Partner, officer or owner in any venture? <input type="checkbox"/> No <input type="checkbox"/> Yes
		If so, explain:
TOTAL:	\$	
Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding.		Are any assets pledged? <input type="checkbox"/> No <input type="checkbox"/> Yes Detail in Schedule A.
		Income Taxes Settled through (date)

**Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions.** List herethe names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

Name of Institution	Name on Account	Balance on Deposit	High Credit	Amount Owning	Monthly Payment	Secured by What Assets
<b>TOTAL</b>		\$	<b>TOTAL</b>	\$	\$	\$

**Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)**

Number of Shares, Face Value (Bonds), or % of Ownership	Indicate: 1. Agency or name of company issuing security or name of partnership 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation*	In Name of	*Market Value	Pledged	
				Yes (☐)	No (☐)
<b>TOTAL</b>			\$		

\*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

**Schedule C: Real Estate Owned (and related debt, if applicable)**

Description of Property or Address	Title in Name Of	Date Acq.	Cost + Improvements	Present Mkt. Value	Mortgage or Land Contract Payable		
					Bal. Owing	Mo. Payt.	Holder
<b>TOTAL</b>				\$	\$	\$	\$

**Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)**

Description of Property or Address	Title in Name Of	Date Acq.	Balance Receivable	Monthly Payment	Mortgage or Land Contract Payable		
					Bal. Owing	Mo. Payt.	Holder
<b>TOTAL</b>				\$	\$	\$	\$

**Schedule E: Life Insurance Carried**

Name of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary
	\$	\$	\$	\$

The applicant hereby affirms that the statements contained in the foregoing are true and are made without reservation and with full knowledge that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals information for the purpose of misleading, concerning fact material thereto, commits a fraudulent insurance act, which is a crime. SUBMITTING THIS QUESTIONNAIRE GIVES EXPRESS AUTHORIZATION FOR THE SURETY AND/OR PACIFIC SURETY TO PULL CREDIT REPORTS ON ALL PRINCIPALS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

