



Date of Statement: _____

PERSONAL INFORMATION					
APPLICANT (NAME)			CO-APPLICANT (NAME)		
Home Address (Street)			Home Address (Street)		
(City)		(State)	(Zip)		
(City)		(State)	(Zip)		
Social Security No.	Date of Birth	Home Phone	Social Security No.	Date of Birth	Home Phone
Employer		Type of Business	Employer		Type of Business
Address of Employer (Street)			Address of Employer (Street)		
(City)		(State)	(Zip)		Business Phone No.
(City)		(State)	(Zip)		Business Phone No.
No. of Years with Current Employer	Position/Title	In Current Position Since:	No. of Years with Current Employer	Position/Title	In Current Position Since:
		_____/_____/_____ Month Year			_____/_____/_____ Month Year

BALANCE SHEET			
ASSETS		LIABILITIES	
<input type="checkbox"/> ALL ASSETS ARE JOINTLY HELD <input type="checkbox"/> ALL/SOME ASSETS ARE HELD INDIVIDUALLY (Please indicate on attached schedules)		<input type="checkbox"/> ALL LIABILITIES ARE JOINTLY HELD <input type="checkbox"/> ALL/SOME OBLIGATIONS ARE HELD INDIVIDUALLY (Please indicate on attached schedules)	
	AMOUNT(S)		AMOUNT(S)
Cash Accounts (Schedule A)		Bank Loans (Schedule G)	
Readily Marketable Securities (Schedule B)		Broker's Margin Loans (Schedule B)	
Cash Value Life Insurance		Loans Against Life Insurance	
Personal Residences (Schedule C)		Mortgages Payable on Personal Residences (Schedule C)	
Real Estate Investments (Schedule D)		Mortgages Payable on Real Estate Investments (Schedule D)	
Pensions {HR 10, 401K, IRA, Keogh, etc.} (Schedule E)		Consumer Credit Payable (Credit cards, revolving credit, etc.)	
Privately Owned Businesses		Loans Payable to Others (Schedule H)	
Non-Liquid Investments (Schedule F)		Other Liabilities	
Other Assets (Itemize):			
_____	_____		
_____	_____		
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH (Assets less Liabilities)	\$
		TOTAL LIABILITIES & NET WORTH	\$
		CONTINGENT LIABILITIES (Schedule I)	\$