

*Personal Financial Statement*

Date \_\_\_\_\_

Financials Statement of (name): \_\_\_\_\_

Social Security # \_\_\_\_\_

(Street Address, City, State, Zip)

Cash on hand and in banks		Accounts Payable	
Savings Accounts		Notes Payable to Banks and Others	
IRA or Retirement Acct.		Installment Account (Auto)	
Accounts & Notes Receivable		Installment Account (Other)	
Life Insurance – Cash Surrender Value Only		Loan on Life Insurance	
Stocks and Bonds		Unpaid Taxes	
Real Estate (complete section below)		Mortgages On Real Estate	
Automobile – Present Value		Other Liabilities	
Other Personal Property		<b>Total Liabilities</b>	
Other Assets		<i>Net Worth (Assets less Liabilities)</i>	
<b>Total</b>			<b>Total</b>

<b>ANNUAL INCOME</b>		<b>ANNUAL EXPENDITURES</b>	
<b>Salary or Wages</b>		<b>Property Taxes and Assessments</b>	
<b>Dividends and Interest</b>		<b>Federal and State Income Taxes</b>	
<b>Rentals (Gross)</b>		<b>Real Estate loan Payments</b>	
<b>Other Income (Describe)</b> _____ _____ _____		<b>Payments on Contract &amp; other notes (Describe)</b> _____ _____ _____	
		<b>Insurance Premiums</b>	
		<b>Estimated Living Expenses</b>	
		<b>Other</b> _____ _____	
<b>Total Income</b>		<b>Total Expenditures</b>	

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Real Estate Owned** (Used attachment if necessary to list all properties owned.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Mortgage Holder			
Mortgage Balance			
Payment Per Month/Year			

**1. STOCKS AND BONDS**

Name of Security	No. Shares	If Any Pledged, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value
TOTAL:				\$

**2. ACCOUNTS RECEIVABLE**

Name and Address (City and Street) From Whom Due	For What is Due	When Sold	When Due	Amount
TOTAL:				\$

**3. NOTES RECEIVABLE**

Name and Address (Street and City) for Whom Due	For What Due	How Secure	Date	Maturity	Amount
TOTAL:					\$

**4. EQUIPMENT**

Description and Capacity of Items	Age of Item	Market Value	Cost	Encumbrance	Monthly Payment
TOTAL:				\$	\$

**5. LIFE INSURANCE – CASH VALUE**

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

The maker of the foregoing or accompanying statement hereby authorizes the company to confirm the bank balances claimed and all other items comprising said statement. I authorize the Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, or manner of meeting obligations to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. 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). Section 817,234(1) (b), F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, or misleading information is guilty of a felony of the third degree."

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_