

The Commercial Finance Group
PERSONAL FINANCIAL STATEMENT

Individual
Joint

Date: _____

| | |
|-------------------------------------|-----------------------------|
| Name: | Spouse: |
| Social Security: | Social Security: |
| Date of Birth: | Date of Birth: |
| Daytime Phone: | Evening Phone: |
| Cell Phone: | Total Number of Dependents: |
| Street Address: _____ | |
| City: _____ State: _____ Zip: _____ | |
| Previous Address: _____ | |
| City: _____ State: _____ Zip: _____ | |

| ASSETS | VALUE |
|--|-----------|
| Cash in Bank (Sched. F): | \$ |
| Cash in Bank (Sched. F): | |
| Notes/Accounts Receivables (Sched. A): | |
| Stocks & Bonds – Listed (Sched. B): | |
| Cash Value Life Insurance (Sched. C): | |
| Other: | |
| TOTAL CURRENT ASSETS: | \$ |
| Total Real Estate (Sched. D): | |
| Stocks & Bonds – Unlisted (Sched. B) | |
| Automobiles: | |
| Personal Property: | |
| Other: | |
| TOTAL ASSETS: | \$ |

| LIABILITIES | BALANCE OWED |
|---|--------------|
| Notes Payable (Sched. E): | \$ |
| Notes Payable (Sched. E): | |
| Accounts Payable: | |
| Other Installments: | |
| Other: | |
| Other: | |
| TOTAL CURRENT LIABILITIES: | |
| Real Estate Loans (Sched. D): | |
| Rent/Lease: | |
| Other: | |
| TOTAL LIABILITIES: | \$ |
| Net Worth (Total Assets minus Total Liabilities): | \$ |
| TOTAL LIABILITIES & NET WORTH: | \$ |

| ANNUAL INCOME | |
|-----------------------------|-----------|
| Gross Salary: | \$ |
| Spouse's Salary: | |
| Gross Annual Rental Income: | |
| Other Income: | |
| | |
| | |
| TOTAL INCOME: | \$ |

| ANNUAL EXPENDITURES | |
|---|-----------|
| Real Estate Payments (Sched. D): | |
| Rent/Lease: | |
| Income Taxes: | |
| Property Taxes: | |
| Alimony, Child Support or Separate Maintenance: | |
| Total Notes Payable (Sched. E): | |
| Other: | |
| TOTAL EXPENDITURES: | \$ |

By signing below, you certify that the statements above, on the reverse and any attachment(s) are true and complete as of the date given. You authorize The Commercial Finance Group and its affiliates to verify or check any of the information given, check your credit references, verify employment and obtain credit reports (including your spouse, if you are married and living in a community property state).

Signature: _____ Date: _____

Spouse: _____ Date: _____

| SCHEDULE A | | NOTES & CONTRACTS RECEIVABLE | | | |
|------------|----------|------------------------------|-------------|--------|--|
| Maker | Security | Maturity | Mo. Payment | Amount | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| SCHEDULE B | | STOCKS & BONDS | | | | | |
|----------------------------|---------------|----------------|----------|----------------------------------|---------------|--------|----------|
| No. of Shares or Par Value | Name of Issue | Listed | Unlisted | No. of Shares or Par Value Bonds | Name of Issue | Listed | Unlisted |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| SCHEDULE C | | LIFE INSURANCE POLICIES | | | | |
|-----------------|-------------|-------------------------|------------|------------------|--------------|------------------|
| Name of Company | Face Amount | Name of Insured | Cash Value | Accum. Dividends | Policy Loans | To Whom Assigned |
| | \$ | | \$ | \$ | \$ | |
| | | | | | | |
| | | | | | | |

| SCHEDULE D | | REAL ESTATE | | | | | | |
|------------------------------------|------------------------------|---------------|-------------------|--------------|--------------------|-----------|--------|-------------|
| Description, Street No. & Location | Title to Property in Name of | Original Cost | Present Valuation | | Mortgages or Liens | | | Lien Holder |
| | | | Land | Improvements | Mo. Pmt. | Int. Rate | Amount | |
| | | \$ | \$ | \$ | \$ | % | \$ | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| SCHEDULE E | | NOTES & CONTRACTS PAYABLE | | | | |
|-----------------|----------|---------------------------|-----------|-------------|--------|--|
| To Whom Payable | Security | Maturity | Int. Rate | Mo. Payment | Amount | |
| | | | % | \$ | \$ | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| SCHEDULE F | | ACCOUNT INFORMATION | |
|-------------------------------|----------------|---------------------|--|
| Name of Financial Institution | Account Number | Balance | |
| | | \$ | |
| | | | |
| | | | |
| | | | |
| | | | |

Have you ever filed Bankruptcy? Yes No Do you have any lawsuits or judgments pending against you or your spouse? Yes No

Explain: _____
