



10101 W Greenfield Ave, West Allis, WI 53214
 Phone - 414.459.4580, Fax - 414.258.3498

Personal Financial Statement

Name _____ Social Security No. _____ D.O.B. _____

Spouse _____ Social Security No. _____ D.O.B. _____

Address _____

Telephone No. _____ Cell Phone No. _____ Email: _____

For the purpose of procuring credit from the above named company, or its assigns, the following is submitted as being a true and accurate statement of the financial condition on the _____ day of _____, 20_____.

FILL ALL BLANKS, WRITING "NO" OR "NONE" WHERE NECESSARY TO COMPLETE INFORMATION

ASSETS		LIABILITIES	
Cash in Financial Institutions (See Schedule A)		Mortgages payable on Real Estate (See Schedule B)	
Earnest Money Deposited		Notes Payable: (See Schedule D) To Banks	
Real Estate Owned (See Schedule B)		To Relatives	
Investments: Bonds & Stocks (See Schedule C)		To Others	
Investment in Own Business		Installment Accounts Payable: (See Schedule E) Automobile	
Accounts & Notes Receivable		Other	
Year Make		Other Accounts Payable	
Automobiles:		Unpaid Real Estate Taxes	
Personal Property & Furniture		Unpaid Income Taxes	
Life Insurance (\$) Cash Surrender Value		Loans in Life Insurance Policies (include Premium Advances)	
Pension or Profit Sharing		Chattel Mortgages	
Equity in Proprietorship			
Equity in Partnership		Other debts - itemize	
Other Assets - itemize			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

SOURCE OF ANNUAL INCOME	
Base Salary	\$
Overtime Wages	\$
Bonus and commissions	\$
Dividends & interest income	\$
Real Estate income (Net)	\$
Spouse's Total Income	\$
Other income - itemize	\$
	\$
TOTAL	\$

BORROWER PERSONAL INFORMATION		CO-BORROWER PERSONAL INFORMATION	
Occupation or Type of Business		Occupation or Type of Business	
Employer		Employer	
Position Held	No. of Years	Position Held	No. of Years
Partner or officer in any other venture or other employment including S Corp, LLC, etc.		Partner or officer in any other venture or other employment including S Corp, LLC, etc.	
Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/>		Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated <input type="checkbox"/>	
Children (Ages):	Other Dependents:	Children (Ages):	Other Dependents:

CONTINGENT LIABILITIES		GENERAL INFORMATION	
As Endorser or Co-maker on Notes	\$	Personal bank accounts carried at	
Alimony payments (Annual)	\$		
Are you a defendant in any legal action?		Savings Account at	
Are there any unsatisfied judgments?			
Have you ever taken bankruptcy? Explain:		Purpose of Loan (if applicable)	

COMPLETE THE FOLLOWING SCHEDULES IN DETAIL

SCHEDULE OF FINANCIAL INSTITUTIONS (A)		
Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.		
Institution Name	Type of Account	Balance

SCHEDULE OF REAL ESTATE (B)				
Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.				
DESCRIPTION AND LOCATION	ACTUAL MARKET VALUE	BANK OR MORTGAGE HOLDER	AMOUNT	MORTGAGE MATURITY DATE

SCHEDULE OF BONDS AND STOCKS (C)				
Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.				
AMOUNT OR NO. SHARES	DESCRIPTION (Extend Valuation in Proper Column)	MARKETABLE ACTUAL MARKET VALUE	Owner	
			Secured	Y N

SCHEDULE OF NOTES PAYABLE (D)					
Specify any assets pledged as collateral, indicating the liabilities they secure :					
Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.					
TO WHOM PAYABLE	DATE	AMOUNT	DUE	INTEREST	ASSETS PLEDGED AS SECURITY

SCHEDULE OF INSTALLMENT ACCOUNTS (E)

Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.

PROPERTY PURCHASED	AMOUNT OWED	MONTHLY PAYMENT

I certify that this financial statement is true and complete. I authorize Lender or its agents to verify the information obtained in this statement and to obtain additional information concerning my financial condition although Lender may rely on this financial statement without any further verification. I authorize Lender to furnish such information and any other credit experiences with me to others and to answer any questions about my credit experience and other financial relationships with Lender. I agree to notify Lender, in writing, of any change that materially affects the accuracy of this statement.

It may be a federal crime punishable by a fine of not more than \$5,000 or imprisonment for not more than two (2) years or both to knowingly make false statements concerning any of the above information, under provisions of Title 18, United States Code, Section 1014.

The foregoing statements and details pertaining thereto, both printed and written, have been carefully read and the undersigned hereby solemnly declares and certifies that same is a full and correct exhibit of my/our financial condition.

Date _____ 20____ Signature _____

Date _____ 20____ Signature _____

For married Wisconsin resident: I understand Lender may be required by law to give notice of any credit transactions to my spouse. The credit applied for, if granted, will be incurred in the interest of my marriage or family.

Date _____ 20____ Signature _____