## PERSONAL FINANCIAL STATEMENT AS OF \_\_\_\_\_\_ SUBMITTED TO: PERSONAL INFORMATION CO-APPLICANT (NAME) APPLICANT (NAME)

ALLEGART (RAME)						CO-AFT EIGART (NAME)					
Employer				Employer							
Address of Employer						Address of Employer					
Business Phone No.	No. of Years with Employer		Title/Position			Business Phone No.	No. of Years with Employer		Title/Position		
Name of previous employer & position (if with current employer less than 3 yrs.)  No. of Yrs.						Name of previous employer & position (if with current employer less than 3 yrs.)  No. of Yrs.					
Home Address						Home Address					
Home Phone No.		Social Security No.		Date of Birth		Home Phone No.	Social Security No		o. Date of Birth		
Name, Phone No. of your Accountant						Name, Phone No. of your Accountant					
Name, Phone No. of your Attorney						Name, Phone No. of your Attorney					
Name, Phone No. of your Investment Advisor/Broker						Name, Phone No. of your Investment Advisor/Broker					
Name, Phone No. of your Insurance Advisor						Name, Phone No. of your Insurance Advisor					

## Cash Income & Expenditures Statement For Year Ended \_\_\_\_\_

ANNUAL INCOME	AMOUNT (\$)
Salary (applicant)	\$
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME >	\$

(Omit cents)						
ANNUAL EXPENDI	AMOUNT (\$)					
Federal Income and Other	\$					
State Income and Other T	\$					
Rental Payments, Co-op,						
Condo Maintenance						
Mortgage Payments	Residential					
	Investment					
Property Taxes	Residential					
	Investment					
Interest & Principal						
Payments on Loans	Payments on Loans					
Insurance						
Investments (including tax						
Alimony/Child Support						
Tuition						
Other Living Expenses						
Medical Expenses						
Other Expense (List)						
TOTAL EXPE	NDITURES >	\$				