

Personal Financial Statement



PRINCIPAL INFORMAT	ION			
Name:				
Residence Address:				
City:		State:	Zip Code:	
Business Name:		Position of Occupa	tion:	
Business Address:	Business Phone:			
City:		State:	Zip Code:	
Social Security #:		Date of Birth: Mobile Phone:		
ADDITIONAL PRINCIPA	AL INFORMATION (use se	eparate sheets if necessary)		
Name:				
Residence Address:				
City:		State:	Zip Code:	
Business Name:		Position of Occupa	ation:	
Business Address:			Business Phone:	
City:		State:	Zip Code:	
Social Security #:		Date of Birth:	Mobile Phone:	
	or liabilities are owned or owe owe or own in the appropria		someone other than co-principal,	indicate how the asset is
Assets		Principal	Co-Principal	Joint
Cash in Institutions - S	chedule A			
US Government Secur	rities - Schedule B			
Securities Held by You	ı - Schedule B			
Other Equity Interest -	Schedule B			
Accounts and Notes R	eceivable			
Real Estate Owned - Schedule C				
Partnership Interest - S	Schedule D			
Automobiles				
Cash Value life Insura	nce - Schedule E			
IRAs and 401ks				
Other Vested Retireme	ent Accounts			
Other Assets - Itemize				
	TOTAL ASSETS	\$0	\$0	\$0
	TOTAL ASSETS	\$0	\$0	φ0
Liabilities		Principal	Co-Principal	Joint
Notes Payable this Bank - Schedule A				
Notes Payable other Institutions -Schedule A				
Notes Payable to Others				
Due on Margin Accounts - Schedule B				
Credit Cards and Other Bills				

Unpaid Taxes				
Mortgage Loans - Schedule C or D				
Land Contacts - Schedule C or D				
Life Insurance Loans - Schedule E				
Other Liabilities - Itemize				
TOTAL LIABILITIES	\$0	\$0	\$0	
NET WORTH (Assets - Liabilities)	\$0	\$0	\$0	
TOTAL LIABILITIES & NET WORTH	\$0	\$0	\$0	
		I	J.	
Sources of Income (Annual)	Principal	Co-Principal	Joint	
Salary				
Bonus and Commissions				
Dividend/Interest				
Real Estate Income				
Other Income* – Itemize				
TOTAL INCOME	\$0	\$0	\$0	
*Alimony, Child Support or Separate Maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, please indicate if payments received under Court Order, A32 Written Agreement, or Oral Understanding.				
CONTINGENT LIABILITIES	ESTIMATED AMOUNT			
Do you have any contingent liabilities (as endorser leases, or contracts?) If yes , fill in amount:				
Pending legal claim? If yes , fill in amount:				
Outstanding letters of credit or other special debit of				
If yes , fill in amount:				
Income Tax Liens? If yes, fill in amount:				
•				
If yes to any question(s), please describe:				

V2 10252022 Page 2 of 5

SCHEDULES A - E (USE ADDITIONAL SCHEDULES IF NECESSARY) Schedule A: Banks, Brokers, Savings and Loans Association, Finance Companies or Credit Unions List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans or lines of credit. We will need proof (via current account/bank statement) of liquidity. Name of Institution **Current Balance Maximum Credit Outstanding Debt Monthly Payment Secured by What Assets Maturity Dates** Schedule B: US Government, Marketable and Non-Marketable Securities Number of Shares Face Value (Bonds) **Deposit Account Balance High Credit Amount Owing** Are they Pledged? **Market Value** ☐ Yes ■ No ☐ Yes ■ No ■ Yes □No ■ Yes □No □ Yes □No Schedule C: Real Estate Owned (Please complete the enclosed schedule.) Schedule D: Partnership Interest **Description of Property or Address** Title in Name of **Date Acquired** % Owned

V2 10252022 Page 3 of 5

Present Market Value	Mortgage of Land Contract Payable			
Fresent Market Value	Balance Owing	Monthly Payment Holder	Holder	
Schedule E: Life Insurance Carried, Including Group I	nsurance			
Name of Insurance Company	Owner Policy	Beneficiary	Face Amount	
Cash Surrender Value	Policy Loans			
I/we also hereby certify that no payment requirements listed	herein are delinquent or in defa	ult except as follows; (if "NONE" s	o stated):	
I/we hereby authorize Lender or any credit bureau or other in from me or from any other person pertaining to my financial				
that the foregoing information is true and complete.				
To the best of my knowledge and belief. The attached Financial If an audited financial statement is available, it has been provided.	d.	is a complete, true and	accurate statement.	
The financial statement(s) provided corresponds with Borrower's The verification of liquidity (cash, securities, etc.) is attached and	tax returns. I corresponds to amounts stated o	n the financial statement.		
I hereby certify that the above statements and additional info	ormation are true and correct.			
Signature of Principal/Borrower/Guarantor	Signature of C	Signature of Co-Principal/Co-Borrower/Co-Guarantor		
Principal Name	Additional Prin	Additional Principal Name		
Title	Title			
Date	Date			

V2 10252022 Page 4 of 5

(If schedule is already prepared Please complete or attach this Partner, Managing Member and interest in the entity. Please attach extra sheets if ne	form for each: (i) Genera d/or Guarantor, (iii) anyc	s form and attach your own.) al Partner, Managing Member and/or G one who controls either individually or th	uarantor, (ii) anyone w nrough trusts or affiliate	ho controls the General ded entities with more than 50%
Real Estate Owned and Inclu	<u>ided in</u> Proposed Finar	ncing		
Total Property Market Value	Ownership %	Total Market Value of Ownership %	Total Loan Balance	Total Monthly Debt Payment
Real Estate Owned and Not I	<i>Included in</i> Proposed F	Financing		
Total Property Market Value	Ownership %	Total Market Value of Ownership %	Total Loan Balance	Total Monthly Debt Payment
Please provide a listing of all M borrower and for which the mo	Iultifamily properties in v rtgage or other security	ase attach a list of all other Contingent which the undersigned owns or has own instrument on the property was purchastional information are true and corre	ned either the property sed by Fannie Mae.	anamed entity or person. or a significant interest in the
By:	e statements and addi	nonai information are true and corre	Ct.	
Name				
Title				
Date				

Schedule C: Real Estate Owned

V2 10252022 Page 5 of 5