



# SOUTHEAST RURAL COMMUNITY ASSISTANCE PROJECT, INC. PERSONAL FINANCIAL STATEMENT

MO/YR _____	NUMBER _____
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**IMPORTANT**-Please check one

- **Individual** – I am applying for individual credit and will rely on my own income and assets to repay any loan. (Leave blank the spaces that ask about Applicant 2.)
- **Joint** – We are applying for credit together. We want you to look at all of our income and assets in evaluating this application. (Complete all sections.)
- **Guarantee(s)** – I (we) am (are) applying as Guarantor(s) of credit to be extended to \_\_\_\_\_.

Amount of Loan Request: \$ \_\_\_\_\_ Purpose of Loan \_\_\_\_\_

### Section 1 – Applicant # 1 (Type or Print)

Name \_\_\_\_\_  
 Address \_\_\_\_\_ How Long? \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Position/Occupation \_\_\_\_\_  
 How Long? \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Res. Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Ages of Dependents \_\_\_\_\_

### Applicant # 2 (Type or Print)

Name \_\_\_\_\_  
 Address \_\_\_\_\_ How Long? \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Position/Occupation \_\_\_\_\_  
 How Long? \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Res. Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Ages of Dependents \_\_\_\_\_

### Section 2 – Sources of Income for Year Ended:      /      /

Annual Income	#1	#2	Annual Expenditures	#1	#2
Salary, Bonuses & Commissions	\$ _____	\$ _____	Mortgage/rental payments	\$ _____	\$ _____
Dividends & Interest	_____	_____	Real estate taxes & assessments	_____	_____
Real estate income	_____	_____	Taxes- federal, state & Local	_____	_____
Other Income	_____	_____	Insurance Payments	_____	_____
(alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)	_____	_____	Other contract payments (car payments, charge cards, etc)	_____	_____
			Alimony, child support, maintenance	_____	_____
			Other expenses	_____	_____
<b>Total Income</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>Total Expenditures</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Section 2 – Sources of Income for Year Ended (continued)**

**Contingent Liabilities  
Estimated Amounts**

		#1	#2
Do you have any...	YES/NO		
Contingent liabilities (as endorser, co-maker or guarantor?)	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
(On leases? On contracts?)	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
Involvement in pending legal actions?	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
Contested income tax liens?	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
Any estimated capital gains tax on the unrealized asset appreciation?	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
Other special debt or circumstances?	<input type="checkbox"/> <input type="checkbox"/>	_____	_____
If "yes" to any question(s) attach explanations			
<b>Total Contingent Liabilities</b>		<b>\$ _____</b>	<b>\$ _____</b>

Face Amount of life insurance #1 \_\_\_\_\_ #2 \_\_\_\_\_

**Please answer Yes or No to the following:**

Have (either of) you or any firm in which you were a major owner ever declared bankruptcy, or settled any debts for less than the amounts owed? If yes, please provide details on a separate sheet.....\_\_\_\_\_

Are (either of) you a defendant in any suit or legal action?.....\_\_\_\_\_

Are (either of) you presently subject to any unsatisfied judgements or tax liens? .....\_\_\_\_\_

Are (either of) you a partner or officer in any venture?.....\_\_\_\_\_

If yes, describe

Are any assets pledged other than as described on schedules?.....\_\_\_\_\_

If yes, describe

**Section 3– Statement of Financial Condition as of:     /     /**

**ASSETS** (do not include Assets of doubtful value)

Indicate ownership with “1” for applicant #1. “2” for applicant #2,  
And “J” for joint.

**#1/ #2/ J**

**In Dollars**  
(omit cents)

Cash on hand and in banks—(See Sched. E)	_____	_____
U.S Gov’t. & Marketable Securities—(See Sched. A)	_____	_____
Non-Marketable Securities—(See Sched. A)	_____	_____
Securities held by broker in margin accounts—(See Sched. A)	_____	_____
Restricted or control stocks—(See Sched. A)	_____	_____
Partial interest in Real Estate Equities—(See Sched. B)	_____	_____
Real Estate owned—(See Sched. C)	_____	_____
Loans Receivable	_____	_____
Automobiles and other personal property	_____	_____
Cash Value—Life Insurance	_____	_____
Vested interest in Retirement Plan(s)	_____	_____
Other Assets – itemize: (attach listing if necessary)	_____	_____
_____	_____	_____
<b>Total Assets</b>	_____	_____



**SCHEDULE A – U.S. GOVERNMENT & OTHER SECURITIES** *(use additional sheet if necessary)*

NO. OF SHARES (STOCK) OR FACE VALUE (BONDS)	DESCRIPTION	MARKETABLE?	IN NAME OF	ARE THESE PLEDGED?	MARKET VALUE

**SCHEDULE B – PARTIAL INTEREST IN REAL ESTATE EQUITIES** *(use additional sheet if necessary)*

ADDRESS OF PROPERTY	TYPE	TITLE IN NAME(S) OF	% OF OWNED	DATE ACQUIRED	COST	MARKET VALUE	MORTGAGE AMOUNT

\*R= Residential C= Commercial L=Land

**SCHEDULE C – REAL ESTATE OWNED** *(use additional sheet if necessary)*

ADDRESS OF PROPERTY	TYPE	TITLE IN NAME(S) OF	ANNUAL INCOME	DATE ACQUIRED	COST	MARKET VALUE
1.						
2.						
3.						
4.						
5.						

\*R= Residential C= Commercial L=Land \*\*Show names of owners or any person having an interest in the property.

**SCHEDULE D – MORTGAGE INDEBTEDNESS** *(use additional sheet if necessary)*

PROPERTY NUMBER FROM SECTION C	MORTGAGE HOLDER	1 <sup>ST</sup> , 2 <sup>ND</sup> 3 <sup>RD</sup> LIEN?	MORTGAGE BALANCE	MORTGAGE MATURITY	MONTHLY PAYMENT

**SCHEDULE E – BANKS OR OTHER INSTITUTIONS WHERE ACCOUNTS ARE MAINTAINED OR WHERE CREDIT HAS BEEN OBTAINED**

NAME OF DEPOSITORY	NAME OF ACCOUNT HOLDER	NAME OF JOINT OWNER OR JOINT OBLIGOR	BALANCE ON DEPOSIT	LOAN BALANCE	HOW IS THE LOAN PAYABLE?	PAYMENT AMOUNT	HOW IS THE LOAN SECURED

I authorize you to make whatever credit inquires you consider necessary concerning the statements made in this loan application. I agree that the application shall remain your property whether or not the loan is granted. I also agree that you may give information regarding my experience with you to credit bureaus and other proper persons. I have carefully read the answers given above and certify that they are correct to the best of my knowledge. Under penalties of perjury I certify that I have provided my correct Social Security Number/Taxpayer Identification Number and that I am not subject to Internal Revenue Service backup withholding. I understand that I have the right to a copy of any appraisal report used in connection with this application if the loan is to be secured by a dwelling. If I wish a copy, I will write to you at the mailing address you have provided with this application no later than 90 days after you notify me about the action taken on this application or I withdraw this application.

_____	_____	_____	_____
Applicant #1 Signature	Date	Applicant #2 Signature	Date
_____	_____	_____	_____
Social Security Number	Date of Birth	Social Security Number	Date of Birth

**PLEASE PROVIDE THE FOLLOWING INFORMATION AS ATTACHMENTS:**

1.) Brief description and history of your business including legal structure, i.e. Partnership, Sole. 2.) Brief description of proposed collateral. 3.) Proposed term of repayment. 4.) 3-year business plan. 5.) Past 3-year tax returns of owner(s). 6.) Past 3-year tax returns of business. 7.) Resume(s).

<b>APPLICANT #1</b> I do not wish to furnish this information (initials)_____ <b>RACE/</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <b>NATIONAL</b> <input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <b>ORIGIN</b> <input type="checkbox"/> Other _____ <b>MARITAL STATUS</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <b>SEX</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>APPLICANT #1</b> I do not wish to furnish this information (initials)_____ <b>RACE/</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> White <b>NATIONAL</b> <input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <b>ORIGIN</b> <input type="checkbox"/> Other _____ <b>MARITAL STATUS</b> <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <b>SEX</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
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By Phone     By Mail     By Interview