

PERSONAL FINANCIAL STATEMENT As of _____, 20____.	Return to: South Florida Regional Planning Council 1 Oakwood Boulevard Suite 250 Hollywood, FL 33020	SFRPC _____ File No: _____
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Complete this form if 1) a sole proprietorship by the proprietor, 2) a partnership by each partner, 3) a corporation by each officer and each stockholder with 20% or more ownership, or 4) any other person or entity providing a guaranty on the loan.

Name and Address, Including ZIP Code (of person and spouse submitting Statement) Social Security No: _____ Social Security No. (spouse): _____	
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Business (of person submitting Statement)	
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Please answer all questions using "No" or "None" where necessary

ASSETS	LIABILITIES
Cash on Hand and in Banks \$ _____	Accounts Payable \$ _____
Savings Account in Banks _____	Notes Payable to Banks _____
US Government Bonds _____	(Describe in Section 2) _____
Accounts & Notes Receivable _____	Notes Payable to Others _____
Life Insurance Cash Surrender Value Only _____	(Describe in Section 2) _____
Other Stocks and Bonds _____	Installment Accounts (Auto) _____
(Describe in Section 3) _____	Monthly Payments \$ _____
Real Estate _____	Installment Accounts (Other) _____
(Describe in Section 4) _____	Monthly Payment \$ _____
Automobile - Present Value _____	Loans on Life Insurance _____
Other Personal Property _____	Mortgages on Real Estate _____
(Describe in Section 5) _____	(Describe in Section 4) _____
Other Assets _____	Unpaid Taxes _____
(Describe in Section 6) _____	(Describe in Section 7) _____
	Other Liabilities _____
	(Describe in Section 8) _____
	Total Liabilities _____
	Net Worth _____
Total _____	Total _____

Section 1: Source of Income (Describe below all items listed in this Section)		CONTINGENT LIABILITIES	
Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	_____	Legal Claims & Judgments	_____
Real Estate Income	_____	Provision for Federal Income Tax	_____
Other Income (Describe)	_____	Other Special Debt	_____

Description of items listed in Section 1

Not necessary to disclose alimony or child support payments in "Other Income" unless it is desired to have such payments counted toward total income. Life insurance held (give face amount of policies - name of company and beneficiaries)

SUPPLEMENTARY SCHEDULES

Section 2: Notes Payable to Banks and Others

Name and Address of Holder of Note	Amount of Loan		Terms of Repayments	Maturity of Loan	How Endorsed Guaranteed or Secured
	Original Balance	Present Balance			
	\$	\$			

Section 3: Other Stocks and Bonds: Give listed and unlisted Stocks & Bonds (use separate sheet if necessary)

No. of Shares	Names of Securities	Cost	Market Value Statement Date	
			Quotation	Amount

Section 4: Real Estate Owned. (List each parcel separately. Use supplemental sheets if necessary. Each sheet must be identified as a supplement to this statement and signed). (Also advises whether property is covered by title insurance, abstract of title, or both).

Title is in name of	Type of property	
Address of property (City and State)	Original Cost to (me)	_____
	Date Purchased	_____
	Present Market Value	_____
	Tax Assessment Value	_____
Name and Address of Holder of Mortgage (City and State)	Date of Mortgage	_____
	Original Amount	_____
	Balance	_____
	Maturity	_____
	Terms of Payment	_____
Status of Mortgage, i.e., or current or delinquent. If delinquent describe delinquencies		

Section 5: Other Personal Property. (Describe and if any is mortgaged, state name and address of mortgage holder and amount of mortgage terms of payment and if delinquent, describe delinquency.)

Section 6: Other Assets. (Describe)

Section 7: Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and what, if any, property or tax lien, if any attach.)

Section 8: Other Liabilities. (Describe in detail)

I or We certify the above and the statements contained in the schedules herein is a true and accurate statement of (my) or (our) financial condition as of the date stated herein.

_____ Signature	_____ Signature	_____ Date
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