

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 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. Additionally you authorize the SFRPC to obtain a personal credit report on applicant(s).

_____ Signature	_____ Signature	_____ Date
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