

PERSONAL FINANCIAL STATEMENT

As of _____, 20_____

Return to: South Florida Regional Planning Council
1 Oakwood Boulevard, Suite 250
Hollywood, FL 33020

Complete this form if (1) a sole proprietorship by the proprietor, (2) a partnership by each partnership, (3) a corporation by each officer and each stakeholder wth 20% or more ownership, or (4) any other person or entity providing a guaranty on the loan.

Applicant Name: _____
Address: _____
City, State, Zip: _____
Social Sec No.: _____

Spouse's Name: _____
Address: _____
City, State, Zip: _____
Social Sec No.: _____

Business (of person submitting Statement): _____

PLEASE LEAVE SPACES "BLANK" OR ANSWER WITH A "ZERO" WHERE NECESSARY

ASSETS

Cash on Hand and in Banks: _____
Savings Account in Banks: _____
US Government Bonds: _____
Accounts & Notes Receivable: _____
Life Insurance Cash Surrender Value Only: _____
Other Stocks & Bonds: _____ (Describe in Section 3)
Real Estate: _____ (Describe in Section 4)
Automobile - Present Value: _____
Other Personal Property: _____ (Describe in Section 5)
Other Assets: _____ (Describe in Section 6)

Total: _____

LIABILITIES

Accounts Payable: _____
Notes Payable to Banks: _____ (Describe in Section 2)
Notes Payable to Others: _____ (Describe in Section 2)
Installment Accounts (Auto): _____ Indicate Monthly Payment: _____
Installment Accounts (Credit Cards): _____ Indicate Monthly Payment: _____
Installment Accounts (Other): _____ Indicate Monthly Payment: _____
Loans on Life Insurance: _____
Mortgages on Real Estate: _____ (Describe in Section 4)
Unpaid Taxes: _____ (Describe in Section 7)
Other Liabilities: _____ (Describe in Section 8)
Total Liabilities: _____
Net Worth: _____

Total: _____

Section 1: Source of Income

(Describe below all items listed in this Section)

Salary: _____

Net Investment Income: _____

Real Estate Income: _____

Other Income (Describe): _____

CONTINGENT LIABILITIES

As Endorser or Co-Maker: _____

Legal Claims & Judgments: _____

Provision for Fed Income Tax: _____

Other Special Debt: _____

Description of items listed in Section 1:

Not necessary to disclose alimony or child support payment 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 and Bonds (use separate sheet if necessary)

No. of Shares	Name 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 advise whether property is covered by title insurance, abstract of title, or both.

Title is in the name of:

Address of Property (City & State):

Name & Address of Holder of Mortgage (City & State):

Type of Property:

Original Cost to (me):

Date Purchased:

Present Market Value:

Tax Assessment Value:

Date of Mortgage:

Original Amount:

Balance:

Maturity:

Terms of Payment:

Status of Mortgage i.e., current or delinquent. If delinquent, please describe.

Section 5: Other Personal Property: Describe if any is mortgaged, state name and address of mortgage holder. Also provide information on payment terms and note if current or delinquent. Please describe delinquency.

Section 6: Other Assets: Please 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, please attach appropriate documents.

Section 8: Other Liabilities: Please scribe in detail.

I (or) We certify that the above informaton and statements contained herein of this Financial Affidavit are both a true and accurate accounting of my (or) our financial condition as of the date provided below. Additionally, you hereby authorize the South Florida Regional Planning Council to obtain a personal credit report on applicant(s).

Applicant Signature

Spouse's Signature

Date