



Name(s):\_\_\_\_\_

### PERSONAL FINANCIAL STATEMENT

Date: \_\_\_\_\_

	In Even		In Even
Assets	Dollars	Liabilities and Net Worth	Dollars
Cash on hand and in Banks—See Schedule A	\$	Notes Payable: This Bank—See Schedule A	\$
U.S. Government Securities—See Schedule B		Notes Payable: Other Institutions—See	
Listed Securities—See Schedule B		Schedule A	
Unlisted Securities—See Schedule B		Notes Payable—Relatives	
Other Equity Interests—See Schedule B		Notes Payable—Others	
Accounts and Notes Receivable		Accounts and Bills Due	
Real Estate Owned—See Schedule C		Unpaid Taxes	
Mortgages and Land Contracts Receivable—		Real Estate Mortgages Payable—See	
See Schedule D		Schedule C or D	
Cash Value Life Insurance—See Schedule E		Land Contracts Payable—See Schedule C or D	
Other Assets: Itemize		Life Insurance Loans—See Schedule E	
		Other Liabilities: Itemize	
		TOTAL LIABILITIES	\$
		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

Sources of Income	In Even Dollars	General Information		
Salary	\$	Employer		
Bonus and Commissions		Position or Profession	No. Years	
Dividends		Employer's Address		
Real Estate Income			Phone No.	
*Other Income: Itemize		Partner, officer or owner in any other venture? ☐ No ☐ Ye		
		If so, explain:		
TOTAL	\$			
*Alimony, child support or separate maintenance payme	ents need not			
be disclosed unless relied upon as a basis for extension of credit. If		Are any assets pledged? ☐ No ☐ Yes	s Detail in Schedule A	
disclosed, payments received under □ court order □ wi	ritten			
agreement  oral understanding.		Income taxes settled through (Date)		

Contingent Liabilities	In Even Dollars	General Information (continued)
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action? ☐ No ☐ Yes
On leases		If so, explain:
Legal claims		Have you ever taken bankruptcy? ☐ No ☐ Yes
Provision for federal income taxes		If so, explain:
Other special debt, e.g., recourse or repurchase liability		Do you have a will? ☐ No ☐ Yes With whom?
		Do you have a trust? ☐ No ☐ Yes With whom?
TOTAL	\$	Number of dependents Ages

IF NECESSARY, APPEND ADDITIONAL DATA \*\*



## **Schedule A:** Banks, Brokers, Savings & Loan 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.

		•	·			
Name of Institution	Name on Account	Balance on Deposit	High Credit	Amount Owing	Monthly Payment	Secured by What Assets
	TOTAL		TOTAL			

# Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)

Number of	Indicate:			Plea	lged
Shares, Face Value (Bonds), or % of Ownership	<ol> <li>Agency or name of company issuing security or name of partnership</li> <li>Type of investment or equity classification</li> <li>Number of shares, bonds or % of ownership held</li> <li>Basis of valuation*</li> </ol>	In Name of	*Market Value	Yes (II)	No (II)
		TOTAL			

<sup>\*</sup>If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

#### Schedule C: Real Estate Owned (and related debt, if applicable)

Description of	Title in	Date	Cost +	Present	Mortgage or L	and Contract	Payable
Property or Address	Name Of	Acq.	Improvements	Mkt. Value	Bal. Owing	Mo. Payt.	Holder
		TOTAL					

#### Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)

Description of	Title in	Date	Balance	Monthly	Mortgage or L	and Contract	: Payable
Property or Address	Name Of	Acq.	Receivable	Payment	Bal. Owing	Mo. Payt.	Holder
		TOTAL					

#### Schedule E: Life Insurance Carried

Name of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary
TOTAL				



I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the New Hampshire Business Finance Authority (NH BFA). The information is presented as a true and accurate statement of my/our financial condition on the date indicated. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify the NH BFA of said change(s) and unless said the NH BFA is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

Signature:	Date:
Signature:	Date:
Signature:	Date:
Signature:	Date: