



PERSONAL FINANCIAL STATEMENT

1ST NATIONAL CAPITAL FUNDING
(800) 421-2019
Fax (323) 655-8773

PERSONAL FINANCIAL STATEMENT AS OF _____, 20____

Name:
 (First, Middle initial, Last)

List any names under which credit references may be verified, if different from the one listed:

Address:
 (Include City, County, State & Zip Code)

Home Phone:

Work Phone:

ASSETS (OWNED) Including community assets, if any.		
Cash:		\$
Cash in		\$
Cash in Bank		\$
Stocks & Bonds (use schedule 3) Listed		\$
Unlisted		\$
Real Estate: (use schedule 1) Home		\$
Other Real Estate		\$
Contracts Owned (use schedule 2)		\$
Automobile(s)		
Make Yr		\$
Make Yr		\$
Notes & Accountants (Collectible) Relatives		\$
Others		\$
Cash Value Life insurance		\$
Other Assets (describe)		\$
		\$
		\$
Total		\$

LIABILITIES (OWED) Including community liabilities, if any.		
	Mo. Payments	
Notes Payable Due:	\$	\$
Due to Bank	\$	\$
Due to Bank	\$	\$
Due to Relatives	\$	\$
Due to Others	\$	\$
Unlisted	\$	\$
Real Estate Mortgages (use schedule 1) Home	\$	\$
Other Real Estate	\$	\$
Owe on Contracts (use schedule 2)	\$	\$
Taxes Owning (use income tax)	\$	\$
Owing on Automobile(s)	\$	\$
Other Debts, Bills/Obligations (describe)		
	\$	\$
	\$	\$
	\$	\$
Total Monthly Payments		\$
Total Liabilities	\$	
Net Worth	\$	
Total	\$	

Indebtedness of Others on which I/we have signed as Guarantor, Co-signer, Endorser or Surety:

Describe:

PERSONAL



MY/OUR INCOME	
Year Ending	, 20
Salary	\$
Bonus & Commissions	\$
Dividends	\$
Real Estate Income	\$
Other Income (*)	\$
Total	\$

(*) NOTICE: Income from alimony, child support, or separate maintenance payments need not be revealed if you do not choose to disclose such income, however, if not disclosed it will not be considered in determining whether credit will be granted.

If you are married, complete the adjacent section if:

(I) Your spouse will use this account or be contractually liable on it, or (II) You are relying on your spouse's income to pay this debt.

Employed by/Occupation	
Number of Years	
Other Business Interests	
Drivers License Number	
Birth Date	
If residing in Washington State (**) (**) includes Single, Divorced & Widowed	Unmarried (**) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/>
Number of Dependents	
Social Security Number	

SPOUSE	
Name of Spouse (first, middle initial, last)	
Number of Years	
List any other names under which credit references may be verified	
Income (*)	
Employed by/Occupation	
Number of Years	
Number of Dependents	

FOR THE PURPOSE OF PROCURING AND ESTABLISHING CREDIT FROM TIME TO TIME WITH YOU FOR CLAIMS AND DEMANDS AGAINST ME. I FURNISH YOU THE FOREGOING AND FOLLOWING STATEMENT AND INFORMATION CONTAINED ON BOTH SIDES OF THIS AS BEING A TRUE AND CORRECT STATEMENT OF MY FINANCIAL CONDITION ON THE DATE STATED, AND AGREE THAT IN CASE ANY CHANGE OCCURS WHICH MATERIALLY REDUCES MY ABILITY TO PAY ALL CLAIMS AND DEMANDS AGAINST ME OR MATERIALLY INCREASES MY LIABILITIES OR DECREASES MY ASSETS. I WILL NOTIFY YOU WITHOUT DELAY. IN CONSIDERATION OF THE BANK GRANTING ME ANY CREDIT. I AGREE THAT IN CASE OF THE COMMISSION BY ME OF ANY OF THE ACTS DEFINED IN THE NATIONAL BANKRUPTCY AS ACTS OF BANKRUPTCY BY A PERSON, OR IN THE EVENT OF IT APPEARING AT ANY TIME THAT ANY OF THE FOLLOWING REPRESENTATIVES ARE UNTRUE, OR IN THE CASE OF THE OCCURRENCES OF SUCH CHANGE, AS AFORESAID, OR MY FAILURE TO NOTIFY YOU OF CHANGES AS ABOVE AGREES, ALL AND ANY OF MY PROMISSORY NOTES OR OTHER CLAIMS OR DEMANDS HELD BY YOU AGAINST ME AND WHICH MAY NOT BE DUE AT SAID TIME SHALL, AT YOUR OPTION BECOME IMMEDIATELY DUE AND PAYABLE. I FURTHER THAT THE EXERCISE OF, OR OMISSION TO EXERCISE SUCH OPTION IN ANY INSTANCE SHALL NOT WAIVE OR AFFECT ANY OTHER OR SUBSEQUENT RIGHT TO EXERCISE THE SAME.

X

Signature

Date

X

Signature



SCHEDULE 1 - REAL ESTATE OWNED

Description (Location & Improvements)	Monthly Rental	Value	Mortgage Balance	Monthly Payment	Mortgage Held By
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	

SCHEDULE 2 - CONTRACTS OR MORTGAGES OWNED

Location and (House, Com'l, Apt., etc.)	Monthly Payment	Original Balance	Present Balance	Amount Owed	Monthly Payment	Owed To
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	

SCHEDULE 3 - STOCKS AND BONDS OWNED

Face Value (Bonds) # of Shares (Stocks)	Name of Issuing Company	Market Value		Dividends Last Year	Owed To
		Listed	Unlisted		
				\$	
				\$	
				\$	
				\$	
				\$	



SCHEDULE 4 - LIFE INSURANCE

Company	Policy Face Amount	Cash Value	Loans on Policy	Beneficiary	To Whom is Assigned
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

GENERAL INFORMATION

	No	Yes	If Yes, explain
Are any assets pledged other than shown?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you or your spouse a defendant in any lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you or your spouse ever taken bankruptcy?	<input type="checkbox"/>	<input type="checkbox"/>	