



PERSONAL FINANCIAL STATEMENT

To _____
(Name of Lender)

TYPE OF CREDIT - CHECK THE APPROPRIATE BOX

- Individual - If you check this box. Provide Financial Information only about yourself.
- Joint, with _____ if you check this box, provide
Financial Information about yourself and the other person

INDIVIDUAL INFORMATION (Type or Print)
Name
Residence Address
City, State & Zip
Res. Phone
Position or Occupation
Business Name
Business Address
City, State & Zip
Bus. Phone

OTHER PARTY INFORMATION (Type or Print)
Name
Residence Address
City, State & Zip
Res. Phone
Position or Occupation
Business Name
Business Address
City, State & Zip
Bus. Phone

STATEMENT OF FINANCIAL CONDITION AS OF _____

ASSETS		LIABILITIES AND NET WORTH	
Cash On hand and unrestricted in banks (See Sched. No. 1)	\$	Notes Payable to Banks. Unsecured Direct borrowing only (See Sched. No. 1)	\$
U.S. Government Securities (See Sched. No. 2)	\$	Notes Payable to Banks. Secured Direct borrowing only (See Sched. No. 1)	\$
Accounts and Loans Receivable (See Sched. No. 3)	\$	Notes Receivable. Discounted With banks, finance companies, etc. (See Sched. No. 1)	\$
Notes Receivable. Not Discounted (See Sched. No. 3)	\$	Notes Payable to Others. Unsecured	\$
Notes Receivable. Discounted With banks, finance companies, etc. (See Sched. No. 3)	\$	Notes Payable to Others. Secured	\$
Life Insurance. Cash Surrender Value (Do not deduct loans) (See Sched. No. 4)	\$	Loans Against Life Insurance (See Sched. No. 4)	\$
Other Stocks and Bonds (See Sched. No. 5)	\$	Accounts Payable	\$
Real Estate (See Sched. No. 6)	\$	Interest Payable	\$
Automobiles Registered or Own Name	\$	Taxes and Assessments Payable (See Sched. No. 6)	\$
Other Assets (Itemize)	\$	Mortgages Payable on Real Estate (See Sched. No. 6)	\$
	\$	Other Liabilities (Itemize) <i>Credit Cards</i>	\$
	\$	Taxes Provision	\$
	\$	Total Liabilities	\$
Total Assets	\$	Net Worth	\$

SOURCE OF INCOME		PERSONAL INFORMATION	
Salary	\$	Partner or officer an any other venture: _____	If so, explain
Bonus and Commissions	\$		
Dividends	\$		
Real Estate Income (Net of Expenses)	\$	Are you obligated to pay alimony child support or separate maintenance payments? If disclosed, are payments received under a court order, written agreement or oral understanding. Please describe:	
Other Income - Itemize	\$		
Maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	\$		
Total	\$		

CONTINGENT LIABILITIES		GENERAL INFORMATION	
As endorser or co-maker		Are any assets pledged?	
On leases or contracts			
Legal claims			
Provisions for Federal Income Taxes		Are you a defendant in any suits or legal actions legal actions? _____	
Guarantor on any Real Estate Holding company		If so, explain:	
Guarantor on any other corporate Debt			
Other Special debt		Have you entered into a settlement? _____ If so, explain:	
		Do you have any assets held in a Trust? _____ If so, explain	
		Are you a co-maker endorser, or guarantor on any loan or contract?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount: \$
			To Whom Owned?
		Are there any unsatisfied judgments against you?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	From Whom?
			To Whom?
		Have you ever declare bankruptcy?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Where? Year:

SUPPLEMENTARY SCHEDULES (if need additional space, please add information on a blank paper)

No. 1 Banking Relations (A list of all my bank accounts, including savings and loans)

Name and Location of Bank	Cash Balance	Amount of Loan	Maturity of Loan	How Endorsed, Guaranteed or Secured
	\$			
	\$			
	\$			
	\$			

No. 2 U.S. Governments & Marketable Securities

Number of Shares or Face Value (Bonds)	Description	In Name of	Are These Pledged?	Market Value

No. 3 Accounts, Loans and Notes Receivable. (A list of the largest amounts owing to me.)

Name and Address of Debtor	Amount Owing	Age of Debt	Description of Nature of Debt	Description of Security Held	Date Payment Expected

No. 4 Life Insurance

Name of Person Insured	Name of Beneficiary	Name of Insurance Co.	Type of Policy	Face Amount of Policy	Total Cash Surrender Value	Tot. Loans Against Policy	Amt. of Yearly Premium	Is Policy Assigned?

No. 5 Other Stocks and Bonds

Face value (Bonds) No. of Shares (Stocks)	Description of Security	Registered in Name of	Cost	Present Market Value	Income Received Last Year	To Whom Pledged

No. 6 Real Estate. The legal and equitable title to all the real estate listed in this statement is solely in the name of the undersigned.

except as follow: _____

Description or Street No.	Dimensions or Acres	Improvements Consist of	Mortgages or Liens	Due Date and Amounts of Payments	Assessed Value	Present Market Value	Unpaid Taxes	
							year	Amount

The information contained in this statement is provided to Elevation Healthcare & Financial Consulting for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make the inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. I/We have been informed that 18 U.S.C §1014 makes it a Federal Offense for any person knowingly to make false statements for the purpose of influencing any FDIC insured institution to make a loan. You are authorized to answer questions about your credit experience with me/us.

Everything that I/We have stated in this statement is correct to the best of my knowledge. I/We understand that Elevation Healthcare & Financial Consulting will retain this statement whether or not it is approved. You are authorized to check my credit, employment history, and to ask questions about my experience/background information. Such information may include, but is not limited to, income; bank account balances; public records and income tax returns.

Any person who shall make or cause to be made any false statement, in writing, relating to this financial condition, assets or liabilities with a fraudulent intent of obtaining credit, goods, money, or other property and shall by such false statement obtain credit, goods, money or other property shall upon conviction be punished by imprisonment in the state penitentiary not exceeding one year, or by a fine not exceeding \$1,000.00 pursuant to Florida Statute 817.03. By signing below, each of the undersigned declares that they have read and understood this information and has received a copy of this statement.

Signature (Individual): _____
S.S. No
DATE OF BIRTH
Date Signed

Signature (Other Party): _____
S.S. No
DATE OF BIRTH
Date Signed