

## Personal Financial Statement

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

### ASSETS

**Checking/Savings/CD/Money Market** (Indicate IRAs or Keoghs with Asterisk \*)

Copies of most recent bank statements attached

On deposit at	Phone #	Account # and Type	Current Balance
1. _____	_____	<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	\$ _____
2. _____	_____	<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	\$ _____
3. _____	_____	<input type="checkbox"/> Check <input type="checkbox"/> Sav <input type="checkbox"/> CD <input type="checkbox"/> MM	\$ _____

**Stocks/Bonds/Mutual Funds** (listed)

	Number of Shares	Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____
5. _____	_____	\$ _____

**Residence** (address)

	Purchase Price	Market Value
1. _____	\$ _____	\$ _____
Titled To _____ Purchase Date _____		

**Other Real Estate** (address)

	Your Ownership %	Purchase Date	Purchase Price	Market Value
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____

**Other Assets** (Insurance/automobile/accounts or notes receivable/other business owned)

	Your Ownership %	Market Value
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

**TOTAL ASSETS** \$ \_\_\_\_\_

# Personal Financial Statement (continued)

Name \_\_\_\_\_ Date \_\_\_\_\_

## DEBT SCHEDULE (Include all obligations of your own and co-applicant over \$500)

Auto Loans	Balance	Monthly Payment
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
<b>Revolving Credit Lines/ Credit Cards</b>		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
<b>Mortgage/Home Equity Loans</b>		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____
<b>Other Debts/Liabilities</b> (if deferred, indicate when payments begin)		
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
<b>IMPORTANT</b> Is there any debt or other financial obligation you have now OR expect to have in the next 12 months that is not listed on this form, OR are you a guarantor or co-signer for others? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," please attach an explanation		<b>TOTAL DEBTS</b> \$ _____  <b>NET WORTH</b> (assets minus debts) \$ _____

PERSONAL DATA		CO-APPLICANT DATA	
Social Security # _____	Date of Birth _____	Social Security # _____	Date of Birth _____
Employer _____		Employer _____	
Contact _____		Contact _____	
Work Phone _____		Work Phone _____	
Position _____		Position _____	
Number of Years _____	Salary \$ _____ /mo.	Number of Years _____	Salary \$ _____ /mo.
Other Income (personal)		Other Income (co-applicant)	
Explain Source _____		Explain Source _____	
Monthly Gross \$ _____	Annual Gross \$ _____	Monthly Gross \$ _____	Annual Gross \$ _____
Take Home \$ _____	Per Month \$ _____	Take Home \$ _____	Per Month \$ _____

We provide this statement to obtain business credit from Emerson Capital Corp. or its designee, directly or as guarantors; understand that Emerson Capital Corp. will rely on it to extend credit; represent and warrant it to be true and complete; and authorize all inquiries Emerson Capital Corp. deems necessary to verify its accuracy.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

**Emerson Capital Corp.**  
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