

PERSONAL FINANCIAL STATEMENT AS OF _____

Date

SUBMITTED TO: CUMBERLAND EMPOWERMENT ZONE CORPORATION

APPLICANT/GUARANTOR				CO-APPLICANT/CO-GUARANTOR			
Full Legal Name				Full Legal Name			
Street Address				Street Address			
City/State/Zip				City/State/Zip			
Since	Own? ☐	Rent? ☐	\$ /month	Since	Own? ☐	Rent? ☐	\$ /month
Previous Address (If less than 5 years at present address)				Previous Address (if less than 5 years at present address)			
Social Security #		Date of Birth		Social Security #		Date of Birth	
Primary Phone		Work Phone		Primary Phone		Work Phone	
Employer				Employer			
Position/Title		Since		Position/Title		Since	
Partner or Officer In any other Business Entity? If yes, please attach additional information.				Partner or Officer In any other Business Entity? If yes, please attach additional information.			
Number of Dependents				Number of Dependents			
Marital Status* ☐ Unmarried ☐ Married ☐ Separated				Marital Status* ☐ Unmarried ☐ Married ☐ Separated			

ASSETS		
	Amount	Ownership*
Bank Accounts (Schedule 1)	\$	
Investment Accounts (Schedule 2)	\$	
Life Insurance (Cash Value Only) (Schedule 3)	\$	
Amounts Owed to You (Schedule 4)	\$	
Primary Residence (Schedule 5)	\$	
Other Real Estate (Schedule 5)	\$	
Retirement Accounts (including IRA, 401K, Profit Sharing, and Pension) (Schedule 6)	\$	
Automobile(s)	\$	
Business Ownership (Describe)	\$	
Personal Property (Describe)	\$	
Other Assets (Describe)	\$	
Total Assets	\$	

LIABILITIES		
	Amount	Ownership*
Notes Payable to Banks (Schedule 7)	\$	
Notes Payable to Others (Schedule 7)	\$	
Accrued Taxes and Interest	\$	
Insurance Loans (Schedule 3)	\$	
Credit Cards, Other Credit Accts Due (Schedule 8)	\$	
Mortgages on Primary Residence (Schedule 5)	\$	
Mortgages on Other Real Estate (Schedule 5)	\$	
Real Estate Taxes Due/ Delinquent	\$	
Personal Taxes Due / Delinquent	\$	
Other Liabilities (Describe)	\$	
Total Liabilities	\$	
Net Worth	\$	

***Ownership:** Please indicate whether Assets and Liabilities are held /owned individually, jointly, in a trust, or other.

*ANNUAL INCOME	APPLICANT	CO-APPLICANT	PLEASE ANSWER EACH QUESTION (Yes/No)	APP	CO-APP
Salary			Are you a Co-Maker, Endorser, or Guarantor of any other person's debt (contingent liabilities)? If yes, please attach additional information		
Bonuses/Commissions			Are any of your assets currently pledged as collateral?		
Dividends/Interest			Are you a defendant in any lawsuits or other actions?		
Net Real Estate Income			Have you ever declared bankruptcy?		
Other (List)			Do you have a will?		
Other (List)			Are any of your assets held in a trust?		
Total	\$	\$			

*Income from alimony, child support, or maintenance payments need not be entered unless you want it considered as a basis for repayment of your obligations.

SCHEDULE 1- BANK ACCOUNTS (cash, checking, savings, time deposit account ("CD"), etc.)			
Name of Bank or Financial Institution	How is account titled?	Type of Account	Acct. Balance
			\$
			\$
			\$
Total \$			

SCHEDULE 2- INVESTMENT ACCOUNTS (excluding retirement accounts.)						
Name of Bank or Financial Institution	# of Shares	Description of Account	Registered in the Name(s) of:	Pledged Yes/No	Publicly Traded?	Current Market Value
						\$
						\$
						\$
Total \$						

SCHEDULE 3- LIFE INSURANCE						
Insurance Company	Insured	Beneficiary	Policy Type (Whole, Term, Variable)	Face Value of Policy	Loans Outstanding	Current Cash Value
						\$
						\$
						\$
Total \$						

SCHEDULE 4- AMOUNTS OWED TO YOU (i.e., documented indebtedness that is owed to you.)					
Name of Debtor	Description of Collateral (if applicable)	1 st or 2 nd Lien	Maturity Date	Repayment Terms	Balance Due
				per	\$
				per	\$
Total \$					

SCHEDULE 5- REAL ESTATE OWNED (Attach additional pages if necessary.)								
Property Description	Name of Creditor	Titled Ownership*	Year Acquired	Purchase Price	Mortgage Balance	Maturity Date	Repayment Terms	Market Value
							per	\$
							per	\$
							per	\$
								Total \$

*Titled Ownership such as: individual, Joint, Trust, or Other

SCHEDULE 6- RETIREMENT ACCOUNTS (including IRA, 401K, profit sharing, and pension.)				
Name of Institution	Type of Account	Account Balance	Amount Vested	Loans
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		Total	Total	Total \$

SCHEDULE 7- NOTES PAYABLE (Promissory notes, installment payment contracts, other credit lines, etc.)				
Name of Creditor	Collateral	Maturity Date	Repayment Terms	Balance Due
			per	\$
			per	\$
			per	\$
				Total \$

SCHEDULE 8- CREDIT CARDS, CREDIT ACCOUNTS, ALIMONY/CHILD SUPPORT, ETC.		
Name of Creditor	Repayment Terms	Balance Due
	per	\$
	per	\$
	per	\$
		Total \$

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. The undersigned authorizes any person or consumer reporting agency to give you any information if may have on the undersigned. Each of the undersigned authorized you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Notice: The Federal Equal credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the applicant has the capacity to enter into a binding contract); or because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Bureau of Consumer Financial Protection, 1700 G Street NW., Washington, DC 20006

Date

Applicant's or Guarantor's Signature

Date

Co-applicant's or Co-Guarantor's Signature