Personal Financial Statement
Confidential

Financial statement of ______________________________
(Name)

____
(Street Address, City, State, ZIP)

Applicant's Social Security No.: ____________________ Spouse's Social Security No.: ____________________

FINANCIAL CONDITION AS OF ____________________, 20 ________

ASSETS	AMT(S) ONLY	LIABILITIES	AMT(S) ONLY
Cash on Hand		**NOTES PAYABLE TO BANKS**	
Cash in following Banks (name & address):		**name & address):**	
....		....	
....			
STOCKS AND BONDS		OTHER NOTES AND ACCOUNTS PAYABLE	
Listed (Schedule 1)........		Real Estate Loans (Schedule 4)........	
Unlisted (Schedule 1)		Sales Contracts & Sec. Agreements (Schedule 5)........	
REAL ESTATE		Loans on Life Insurance Policies (Schedule 6)	
Improved (Schedule 4)		TAXES PAYABLE	
Unimproved (Schedule 4)........		Current Year Income Taxes Unpaid	
Trust Deeds & Mortgages (Schedule 3)		Prior Year Income Taxes Unpaid	
		Real Estate Taxes Unpaid........	
LIFE INSURANCE			
Cast Surrender Value (Schedule 6)........		OTHER LIABILITIES	
ACCOUNTS AND NOTES RECEIVABLE		Unpaid Interest	
Relatives and Friends (Schedule 2/3)		Other (Itemize)........	
Other (Schedule 2/3)		....	
Doubtful (Schedule 2/3)........		....	
		TOTAL LIABILITIES	
OTHER PERSONAL PROPERTY			
Automobile (Schedule 5)		NET WORTH........	
Other (Itemize, Schedule 5)........			
TOTAL		TOTAL	

ANNUAL INCOME	(Refer to Federal Income Tax Returns for Previous Year)	ANNUAL EXPENDITURES	(Refer to Federal Income Tax Returns for Previous Year)
SALARY OR WAGES		PROPERTY TAXES AND ASSESSMENTS........	
DIVIDENDS AND INTEREST		FEDERAL AND STATE INCOME TAXES	
RENTALS (GROSS)		REAL ESTATE LOAN PAYMENTS	
BUSINESS OR PROFESSIONAL INCOME (NET)		PAYMENTS ON CONTRACTS & OTHER NOTES	
OTHER INCOME (DESCRIBE)		INSURANCE PREMIUMS........	
		ESTIMATED LIVING EXPENSES	
		OTHER ________	
TOTAL INCOME		TOTAL EXPENSES	

To assist the Surety in its evaluation of the above Statement, I hereby certify that all material facts relating to the following conditions are set forth in the attached exhibit(s) incorporated herein by reference: Contingent liabilities as endorser, co-maker or guarantor $____________________

Contingent liabilities on leases or contracts $____________________; pledge or hypothecation of assets $____________________;

Legal Claims $____________________; Tax Liens $____________________

1. STOCKS AND BONDS

Name of Security	No. Shares	If any pledged, State to Whom and for What Purpose	Dividends Paid Last Two Years	Market Value
			TOTAL	$

2. ACCOUNTS RECEIVABLE

Name and Address (street and city) From Whom Due	For What Is It Due	When Sold	When Due	Amount
			TOTAL	$

3. NOTES RECEIVABLE

Name and Address (street and city) From Whom Due	For What Due	How Secured	Date	Maturity	Amount
				TOTAL	$

4. REAL ESTATE

Description of Property	Title in Name Of	Market Value	Cost	Amount Encumbrance	Monthly Payments	Monthly Income
		TOTAL	$	$	$	$

5. EQUIPMENT

Description and Capacity of Items	Age of Item	Market Value	Cost	Encumbrance	Monthly Payment
		TOTAL	$	$	$

6. LIFE INSURANCE – CASH VALUE

Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

The maker of the foregoing or accompanying statement hereby authorizes the company to confirm the bank balances claimed and all other items comprising said statement.

WARNING

"It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."

Washington RCW 48.135.080

Dated ______________________________, 20______

SIGNATURE: ______________________________

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