

**PERSONAL FINANCIAL STATEMENT**

As of \_\_\_\_\_, 20\_\_\_\_

**Complete this form for: (1) each proprietor, or (2) each limited partner who owns 15% or more interest and each general partner, or (3) each stockholder owning 15% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.**

|  |   |
|--|---|
| <b>Name:</b>                               | <b>Business Phone</b> (    )                  |
| <b>Residence Address:</b>                  | <b>Residence Phone</b> (    )                 |
| <b>City, State, &amp; Zip Code:</b>        | <b>Primary Banking Relationship:</b>          |
| <b>Business Name of Applicant/Borrower</b> | <b>Personal Tax returns Filed For</b> 20 ____ |

| ASSETS  | LIABILITIES  |
|---|--|
| (omit cents)  | (omit cents)   |
| Cash on Hand and in Banks _____   | Accounts Payable _____   |
| Savings Accounts _____  | Notes Payable to Banks and Others _____<br>(Describe in Section 2) |
| IRA or Other Retirement Accounts _____                                  | Installment Account (Auto) _____<br>Mo. Payments \$ _____          |
| Accounts & Notes Receivable _____                                       | Installment Account (Other) _____<br>Mo. Payments \$ _____         |
| Life Insurance- Cash Surrender Value Only _____<br>(Complete Section 8) | Loan on Life Insurance _____                                       |
| Stocks and Bonds _____<br>(Describe in Section 3)                       | Mortgages on Real Estate _____<br>(Describe in Section 4)          |
| Real Estate _____<br>(Describe in Section 4)                            | Unpaid Taxes _____<br>(Describe in Section 6)                      |
| Automobile - Present Value _____  | Other Liabilities _____<br>(Describe in Section 7)                 |
| Other Personal Property _____<br>(Describe in Section 5)                |  |
| Other Assets _____<br>(Describe in Section 5)                           |  |
| <b>Total Assets: \$</b> _____   | <b>Total Liabilities: \$</b> _____                                 |
|   | <b>Total Net Worth: \$</b> _____                                   |

| Section 1. Source of Income               | Contingent Liabilities                      |
|---|---|
| Salary.....(jointly)..... _____           | As Endorsor or Co-Maker..... _____          |
| Net Investment Income..... _____          | Legal Claims and Judgements..... _____      |
| Real Estate Income..... _____             | Provision for Federal Income Tax..... _____ |
| Other Income (Describe Below)*..... _____ | Other Special Debt..... _____               |

**Description of Other Income in Section 1.**

  
  
  

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**Section 2. Notes Payable to Bank and Others.** (Use attachments if necessary. each attachment must be identified as part of this Statement and signed).

| Name of Noteholder | Original Balance | Current Balance | Frequency | Collateral |
|--------------------|------------------|-----------------|-----------|------------|
|                    |                  |                 |           |            |
|                    |                  |                 |           |            |
|                    |                  |                 |           |            |

**Section 3. Stocks and Bonds** (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

| Number of Shares | Name of Securities | Cost | Market Value Quote/Exchange | Date of Quote/Exchange | Total Value |
|------------------|--------------------|------|-----------------------------|------------------------|-------------|
|                  |                    |      |                             |                        |             |
|                  |                    |      |                             |                        |             |
|                  |                    |      |                             |                        |             |
|                  |                    |      |                             |                        |             |

**Section 4. Real Estate Owned** (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

|  | Property A | Property B | Property C | Property D |
|--|------------|------------|------------|------------|
| <b>Property Type</b><br>(1-4 family, commercial, raw land) |            |            |            |            |
| <b>Name and Address of Title Holder</b>                    |            |            |            |            |
| <b>Date Purchased</b>                                      |            |            |            |            |
| <b>Original Cost</b>                                       |            |            |            |            |
| <b>Present Market Value</b>                                |            |            |            |            |
| <b>Name /Address of Mortgage Holder</b>                    |            |            |            |            |
| <b>Mortgage Account Number</b>                             |            |            |            |            |
| <b>Mortgage Balance</b>                                    |            |            |            |            |
| <b>Amount of Payment Per Month/Year</b>                    |            |            |            |            |
| <b>Status of Mortgage</b>                                  |            |            |            |            |

**Section 5. Other Personal property** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien and terms of payment, and if delinquent, describe delinquency).

**Section 6. Unpaid Taxes** (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches).

**Section 7. Other Liabilities** (Describe in detail)

**Section 8. Life Insurance Held.** (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries).

I authorize Kohl Capital Associates to make inquiries as necessary to verify the accuracy of the statements made and determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_