PARTNERS FOR SELF-EMPLOYMENT, INC. PERSONAL FINANCIAL STATEMENT FORM

Name

Soc. Sec. No.:

Annual Income:

Home Address:

Home Telephone No.: ()

City:	Sta	te:	Zip:	
ASSETS (Excluding Your Business)	Check if Jointly Owned	LIABILITIES	6	
Cash on Hand and in Banks (personal only)	\$ 100.0	Accounts and Credit Cards Payable (List each creditor in	\$ 500.00	
Unity)		Section 2)		
Savings Accounts	\$ 100.0	Notes Payable to Banks and Others	\$ -	
Savings Accounts	φ 100.0	(Describe in Section 3)	φ -	
IRA or Other Retirement Account	\$ -	Installment Loans (Auto) Monthly Payments \$	\$ 1,500.00	
Accounts, Notes, and Mortgage Receivable	- -	Installment Loans (Other) Monthly Payments \$	φ 1,300.00	
Life Insurance – Cash Surrender Value Only	<u>_</u>			
(Complete Section 9)	\$-	Loan(s) on Life Insurance	\$	
Stocks and Bonds (Describe in Section 4)		Mortgage Loan (Residence)		
	\$ 500.0	00 (Describe in Section 5)	\$	
Real Estate (Residence) (Describe in Section 5)	\$ 300,000.0	Mortgage Loan (Other) (Describe in Section 5)	\$ 150,000.00	
Other Real Estate (Describe in Section 5)		Unpaid Taxes (Describe in Section 7)		
Automobile(s) – Current Value	\$ 3,000.0	Other Liabilities (Describe in Section 8)	\$ 152,000.00	
Other Personal Property (Describe in Section 6)	\$ 3,000.0	Total Liabilities	\$ 152,000.00	
Other Assets (Describe in Section 6)	\$ 303,700.0	Total Net Worth (Assets – Liabilities)	\$ 151,700.00	
Total Assets		Total Liabilities & Net Worth	\$ 303,700.00	
Section 1. Source(s) of Annual Income		Contingent Liabilities	-	
Salary	\$ 60.000 (As Endorser or Co-Maker	\$	

· · · ·		Ψ	טט.טטט,טס			ъ -	
Net Investment	Income			Legal Claims & Judgements			
Real Estate Inco	ome	\$	-	Provision fo Tax	or Federal Income	\$ -	
Other Income (D	Describe below*)	\$	-	Other Special Debt		Ŷ	
Total Income		\$	60,000.00				
Description of O	ther Income in Section 1.	'					
Social Security							
	*Alimony and/or child support payments need not be disclosed in "Other Income" unless you want such payments counted toward total income.						
Section 2. Accounts/ Credit Cards Payable. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).							
	Creditor			Line of Credit	Outstanding Balance	Monthly Payment	
citi				\$ 1,500.00	\$ 500.00	\$ 55.00	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)							
Name and Address of Noteholder(s)	Original A	mount		Current Balance	Payment Amount and Frequency	How Secured or Endorsed (Collateral)	
NA	NA			\$			
				\$			

Section 4. Stocks and	d Bonds.				
(Use attachments if ne	ecessary. Each attach	ment must be ide	entified as a part of	of this statement and	signed.)
Number of Shares	Issuer	Cost	Market Value (Quotation/Ex change)	Date of Quotation/Exchang e	Total Value
NA		\$			\$
		\$			\$
		\$			\$
		\$			\$
Section 5. Real Estat	e Owned.				
(List each parcel sepa	rately. Each attachme	ent must be identi	fied as a part of t	his statement and sig	ned.)
		Property A (I Owi	Residence if ned)	Prop	erty B
Type of Property		NA	-	NA	
Address					
Date Purchased					
Original Cost					
Present Market Value					
Name and Address of	Mortgage Holder				
Mortgage Account Nur	nber				
Mortgage Balance					
Amount of Payment pe	er Month/Year/Other				
Status of Mortgage					
Section 6. Other Pers name and address of I NA					
Section 7. Unpaid Ta	xes.				
		ble, when due, a	mount, and to wh	nat property, if any, a t	ax lien is attached.)
(Describe in detail as t		ble, when due, a	mount, and to wh	nat property, if any, a t	ax lien is attached.)
(Describe in detail as t NA	o type, to whom paya		mount, and to wh	nat property, if any, a t	ax lien is attached.)
Section 7. Unpaid Ta: (Describe in detail as t NA Section 8. Other Liab	o type, to whom paya		mount, and to wh	nat property, if any, a t	ax lien is attached.)
(Describe in detail as t NA Section 8. Other Liab	o type, to whom paya ilities. (Describe in d		mount, and to wh	nat property, if any, a t	ax lien is attached.)
(Describe in detail as t NA Section 8. Other Liab NA	o type, to whom paya ilities. (Describe in d ance Held.	etail.)			
(Describe in detail as t NA Section 8. Other Liab NA Section 9. Life Insura	o type, to whom paya illities. (Describe in d ance Held. d cash surrender valu	etail.) e of policies - nar			
(Describe in detail as t NA Section 8. Other Liab NA Section 9. Life Insura (Give face amount and	o type, to whom paya illities. (Describe in d ance Held. d cash surrender valu	etail.) e of policies - nar	me of insurance o	company and benefici	aries.)

ĺ		\$ -	\$ -
ſ			

I authorize Partners for Self-Employment, Inc., to investigate and verify the above information and to determine my creditworthiness. I certify that the above information and any information contained in attachments to this statement are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing or co-signing a loan. I understand that false statements may result in forfeiture of benefits and possible civil or criminal prosecution.

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number: