



Personal Financial Statement

As of:

PERSONAL INFORMATION

Name: _____ Business Phone: _____
 Address: _____ Home Phone: _____
 City: _____ State: _____ ZIP: _____
 Business Name of Applicant/Borrower: _____
 Primary Banking Relationship: _____
 Personal Tax Returns Files for: _____

ASSETS (Omit Cents)

Cash on Hand & in Banks:
 Savings Accounts:
 IRA or Other Retirement Account:
 Accounts & Notes Receivable:
 Life Insurance-Cash Surrender Value Only:
(Complete Section 8)
 Stock and Bonds:
(Describe in Section 3)
 Real Estate:
(Describe in Section 4)
 Automobile-Present Value:
 Other Personal Property:
(Describe in Section 5)
 Other Assets:
(Describe in Section 5)
TOTAL:

LIABILITIES (Omit Cents)

Accounts Payable:
 Notes Payable to Banks and Others:
(See Section 2)
 Installment Account (Auto):
(Mo. Payments \$ _____)
 Installment Account:
(Mo. Payments \$ _____)
 Loans on Life Insurance:
 Mortgages on Real Estate:
(Describe in Section 4)
 Unpaid Taxes:
(Describe in Section 6)
 Other Liabilities:
(Describe in Section 7)
 Total Liabilities:
 Net Worth:
TOTAL:

CONTINGENT LIABILITIES

As Endorser or Co-Maker: _____ Provision for Federal Income Tax: _____
 Legal Claims & Judgments: _____ Other Special Debt: _____

SOURCE OF INCOME (Section 1)

Salary: _____ Real Estate Income: _____
 Net Investment Income: _____ Other Income:
(Describe Below)*
 Description of Other Income:

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

Are any assets pledged? YES NO (If "Yes" Provide Details Below)



SOURCE OF INCOME (Section 1 Continued)

Employer:

Are you a defendant in any suits or legal action? YES NO If so, explain:

Have you ever taken bankruptcy? YES NO If so, explain:

Do you have a will? YES NO With whom?

Do you have a trust? YES NO With whom?

Number of Dependents? Names:

NOTES PAYABLE TO BANK AND OTHERS (Section 2)

Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, Weekly etc.)	How Secured or Collateralized

STOCKS AND BONDS (Section 3)

Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value



OTHER PERSONAL PROPERTY AND OTHER ASSETS (Section 5)

Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.

UNPAID TAXES (Section 6)

Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attached.

OTHER LIABILITIES (Section 7)

Describe in detail.

LIFE INSURANCE HELD (Section 8)

Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.

SIGNATURE

I authorize JoVai Capital, LLC and/or its assignees to make inquiries as necessary to verify the accuracy of the statements made and to 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 USC 1001).

Signature

Date

Social Security Number

Signature

Date

Social Security Number



Supplementary Schedule of Liabilities

APPLICANT

Name:

Date:

(List all Loans, Mortgages, Leases, Credit Cards, etc. not otherwise disclosed or that do not fit on statement)

Creditor

Amount

Date

Balance

Status

Maturity

Payment

Collateral