

PERSONAL FINANCIAL STATEMENT



Personalized Financial Solutions

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Complete this form for (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name: _____ Business Phone: _____

Residence Address: _____ Residence Phone: _____

City: _____ State: _____ Zip Code: _____

Business Name of Applicant/Borrower: _____ As of Date: _____

ASSETS

Cash on hand & in Banks..... \$ _____
 Savings Accounts..... \$ _____
 IRA or Other Retirement Account..... \$ _____
 Accounts & Notes Receivable..... \$ _____
 Life Insurance-Cash Surrender Value Only..... \$ _____
(Complete Section 8)
 Stocks & Bonds..... \$ _____
(Describe in Section 3)
 Real Estate..... \$ _____
(Describe in Section 4)
 Automobile-Present Value..... \$ _____
 Other Personal Property..... \$ _____
(Complete Section 5)
 Other Assets..... \$ _____
(Complete Section 5)
TOTAL..... \$ _____

LIABILITIES

Accounts Payable..... \$ _____
 Notes Payable to Banks and Others..... \$ _____
(Describe in Section 2)
 Installment Account (Auto)..... \$ _____
Monthly Payments \$ _____
 Installment Account (Other)..... \$ _____
Monthly Payments \$ _____
 Loan on Life Insurance..... \$ _____
 Mortgages on Real Estate..... \$ _____
(Describe in Section 4)
 Unpaid Taxes..... \$ _____
(Describe in Section 6)
 Other Liabilities..... \$ _____
(Complete Section 7)
Total Liabilities..... \$ _____
NET WORTH..... \$ _____
TOTAL..... \$ _____

SECTION 1: Source of Income

Salary..... \$ _____
 Net Investment Income..... \$ _____
 Real Estate Income..... \$ _____
 Other Income (Describe below)*..... \$ _____

Contingent Liabilities

As Endorser or Co-Maker..... \$ _____
 Legal Claims & Judgements..... \$ _____
 Provision for Federal Income Tax..... \$ _____
 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

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SECTION 2: Notes Payable to Banks and Others

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

NAME AND ADDRESS OF NOTEHOLDER(S)	ORIGINAL BALANCE	CURRENT BALANCE	PAYMENT AMOUNT	FREQUENCY (MONTHLY, ETC.)	HOW SECURED OR ENDORSED TYPE OF 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 QUOTATION/EXCHANGE	DATE OF QUOTATION/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
TYPE OF PROPERTY			
ADDRESS			
YEAR PURCHASED			
ORIGINAL COST			
PRESENT MARKET VALUE			
NAME OF MORTGAGE HOLDER			
MORTGAGE ACCOUNT NUMBER			
MORTGAGE BALANCE			
MONTHLY PAYMENT			
STATUS OF MORTGAGE			

SECTION 5: Other Personal and Other Assets

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.

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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.

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SECTION 7: Other Liabilities

Describe in detail.

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SECTION 8: Life Insurance Held

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

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I authorize Broker/Lender 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 U.S.C. 1001).

Signature: X _____ Date: _____ Social Security Number: _____

Signature: X _____ Date: _____ Social Security Number: _____

Please send completed personal financial statement to Steve@SRJFinancialServices.com or via Fax to (714) 495-4104.