

Personal Financial Statement

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. If you are applying for joint credit with another person, each person must fill out a separate form.



Please complete and return to:
206 East Main Street, Salisbury, MD 21801
Tel: 410.543.2440 Fax: 410.543.1439

Property: _____ Date: _____

PERSONAL INFORMATION

Name: _____ Social Security Number: _____ Date of Birth: _____
Address: _____ Phone: _____ Fax: _____
City, State, & Zip Code: _____ Email: _____ Mobile: _____
Business Name of Applicant/Borrower: _____

EMPLOYER INFORMATION

Current Employer: _____ Job Title: _____
Employer Address: _____ City, State, Zip Code: _____ Phone: _____
Length of time: _____ Annual Income: _____

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 and Bonds:..... \$ _____
(describe in section 3)
Real Estate:..... \$ _____
(describe in section 4)
Automobiles-Present value:..... \$ _____
Other personal property:..... \$ _____
(describe in section 5)
Other assets:..... \$ _____
(describe in section 5)
Total Assets:..... \$ _____

LIABILITIES

Accounts payable:..... \$ _____
Notes payable to banks & others:..... \$ _____
(describe in section 2)
Installment account (auto):..... \$ _____
Mo. Payments \$ _____
Installment account (other):..... \$ _____
Mo. Payments \$ _____
Loan 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:..... \$ _____

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 & Judgments:..... \$ _____
Provisions 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 desired to have such payments counted toward total income

Section 2. Notes Payable to Banks and Others (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, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds (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

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

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property 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)

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 SVN or other agency on their behalf to make inquiries as necessary to verify the accuracy of the statements made, and screen my credit history to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the US Attorney General.

Section 9. Military Affidavit - By checking this box tenant acknowledges they are not active in military service.

If submitting this electronically, please check the box beside your social security number in lieu of a signature.

Signature: _____ Date: _____ SSN: _____

Signature: _____ Date: _____ SSN: _____