

Corporate Headquarters - 3131 N I 10 Service Rd E Suite 313 | Metairie, LA 70002 504.733.7274| beonpath.org

Personal Financial Statement

Name:	Business phone:										
Residence address:	Residence Phone:										
City, State, & Zip Code											
Business Name of Applicant/Borrower:											
Assets			Liabilities								
Cash on hand & in banks	\$	it cents	Accounts	s Payable		Omit cents					
Covings Associate			Notes De	vehle te Denke 9	Other						
Savings Accounts	\$	\$		Notes Payable to Banks & Others (Describe in section 2)		\$					
Ira or other Retirement Accts	\$	\$		nt account (Auto)	\$						
Accounts & Notes Receivable	\$	\$		nt account (other othly Payment\$	\$						
Life insurance - Cash Surrender Value (complete sect. 8)	\$		Loan on Life Insurance			\$					
Stocks and Bonds (complete sect. 3)	\$		Mortgages on Real Estate (Describe in Section 4)			\$					
Real Estate (complete sect. 4)	\$		Installment account (other) Monthly Payment\$			\$					
Automobile-Present Value	\$		Unpaid Taxes (Describe in Section 6)			\$					
Other Personal Property (complete sect. 5)	\$		Other Liabilities (Describe in Section 7)			\$					
Other assets (complete sect. 5)	\$	\$		abilities	\$						
			Net Worth			\$					
TOTAL	\$	\$			\$						
Section 1 Source of Income			Continu	ant Liabilities							
Salary	\$		Contingent Liabilities As Endorser or Co-Maker			\$					
Net investment income	\$				\$						
Real Estate Income			Legal Claims & Judgments								
	*		Provision for federal Income tax			\$					
Other Income (Describe Below)	her Income (Describe Below) \$		Other Special Debt			\$					
Description of Other Income in Section 1:											
Section 2. Notes Payable to Banks and o		attachm	ents if nec								
Name and Address of note holder	Original Balance		urrent alance	Payment Amount	Frequency (monthly, etc)	How Secured Type of Collateral					
					-						

Section 3. Stocks ar			ents if necessary)					
Number of shares	Name of	Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value		
				Quotation/Exchange	Quotation/Exchange			
Section 4. Real Estate Owned (List each property separately) Use attachments if necessary								
Occion 4. Roul Lou	ato Ownou	(2.51 545). [5	Property A	Property B		Property C		
Type of Property			-					
Address								
Date Purchased								
Original Cost								
Present Market Value								
Name & Address of Mor	tgage holder							
Mortgage Account Num	ber							
Mortgage Balance								
Amount of Payment per	mo/yr							
Status of Mortgage								
Section 5. Other Per	sonal Prop	erty and Otl	her Assets (Describe.	and if any is pledged as secu	rity. list lien holder and terr	ns of payment.)		
			(= ====================================	, pg	, ,			
Section 6. Unpaid Ta	axes (Describ	e in detail, as	s to type, to whom payab	ole, when due, amount, and to	what property, if any, a ta	x lien attaches.)		
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 Lia	bilities (Desc	ribe in detail.)					
Section 8. Life Insur	ance Held (Give face am	ount and cash surrender	value of policies- name of ins	surance company and bene	eficiaries.)		
				_				
	ently under	indictment, o	on parole or probation	ı? Yes 🔲 No 🔲 (If	yes, indicate date of pa	role or probation is to		
expire.)		1 20						
				criminal offense other than				
offenses which have been dismissed, discharged, or not prosecuted (All arrests and charges must be disclosed and explained on an attached sheet.) Yes No								
 Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation; including adjudication withheld 								
pending probation, for any criminal offense other than a minor vehicle violation? Yes 🔲 No 🔲								
				iries as necessary to				
				ss. I certify the abov				
				ted date(s). These st	atements are made	for the		
purpose of either obtaining a loan or guaranteeing a loan.								
Cimmotor				Data	CON			
Signature:				Date:	SSN:			
Signature:				Date:	SSN:			
				i				