PERSONAL FINANCIAL STATEMENT
(This Form Must be Signed & Dated)

PERSONAL FINANCIAL STATEMENT AS OF ____________________, _______

Name of Applicant:	Social Security Number:	Date of Birth:
Name of Spouse:	Social Security Number:	Date of Birth:
Residence Address (Street, City, State, & Zip Code):		Home Phone Number (Including Area Code):

ASSETS	Account Balance	LIABILITIES	Account Balance
Cash in Banks (Complete Schedule):	$	Mortgages Payable (See Schedule):	$
Cash - Retirement Accounts:	$	Installment Accounts - Auto (See Schedule):	$
Accounts Receivable (Complete Schedule):	$	Loans Payable - Banks (Complete Schedule):	$
Stocks/Bonds/Securities (Complete Schedule):	$	Notes Payable (Complete Schedule):	$
Real Estate - Residence (Complete Schedule):	$	Accounts Payable (Complete Schedule):	$
Real Estate - Investment/Other:	$	Loans on Life Insurance (See Schedule):	$
Cash Value Life Ins. (Complete Schedule):	$	Taxes Payable:	$
Automobiles - Present Value:	$	Other Liabilities (Complete Schedule):	$
Personal Property:	$	**TOTAL LIABILITIES:**	$ 0.00
Other Assets (Complete Schedule):	$	**NET WORTH:**	$ 0.00
TOTAL ASSETS:	$ 0.00	**TOTAL NET WORTH & LIABILITIES:**	$ 0.00

INCOME:	Salary: $	Spouse's Salary: $	**TOTAL INCOME**
	Bonus/Other: $	Bonus/Other: $	$ 0.00

SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES

(NOTE: All data listed above must appear in the appropriate schedules. Insert "None" where appropriate.)

CASH IN BANKS

Bank Name, Number & Location	Account Number	Amount
		$
		$
		$

NOTES & ACCOUNTS RECEIVABLE

Name & Address of Debtor	Amount Due	Due Date	Pledged (Yes/No)	Security
	$			
	$			
	$			

STOCKS / BONDS / SECURITIES

Name & Number(s) of Instrument	# - Shares	Price/Share	Market Value	Exchange & Call
		$	$	
		$	$	
		$	$	

Attach Additional Sheets if Necessary

REAL ESTATE (Residence/Investment/Other)							
Location & Description	Year Acquired	Original Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Lien Holder
		$	$	$	$	$	
		$	$	$	$	$	
		$	$	$	$	$	
		$	$	$	$	$	

CASH VALUE ON LIFE INSURANCE				
Name of Insurance Company	Beneficiary	Face Value	Cash Value	Current Loans
		$	$	$
		$	$	$
		$	$	$

OTHER ASSETS				
Description	Title Holder	Original Cost	Market Value	Age
		$	$	
		$	$	
		$	$	

LOANS PAYABLE				
Name of Lender	Address	Balance Due	Due in 1 Year	Loan Security
		$	$	
		$	$	

ACCOUNTS & NOTES PAYABLE (Including Autos & Charge Accounts)				
Name of Lender	Original Amount	Current Balance	Monthly Payment	Loan Security
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	

OTHER LIABILITIES					
Description	Payable to Whom	Amount	Mo. Pymt.	Due Date	Loan Security
		$	$		
		$	$		

1) Are you contingently liable or an endorser on any bonds or other obligations?	______YES	______NO	**Explain all Yes**
2) Are you involved in any litigation?	______YES	______NO	**answers on a separate**
3) Have you filed for Bankruptcy in the last 7 years?	______YES	______NO	**sheet of paper**

I/We hereby certify and declare that the above statement presents accurately my/our financial condition to the best of my/our knowledge. I/We hereby acknowledge that National Surety Services, Inc., and the sureties they represent will from time to time request personal credit reports to verify the stated debt, and to track our personal Payment history.

By: ______________________________ **By: ________________________________**

Date:__________________ **Date:_______________**