

**PERSONAL FINANCIAL STATEMENT
CONFIDENTIAL**

Personal Information			
Please print or type		If joint statement, complete the following:	
Name (Applicant)		Name (Co-Applicant)	
Date of birth	Social Security Number	Date of birth	Social Security Number
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Home Phone Number	Business Phone Number	Home Phone Number	Business Phone Number
Present Employer		Present Employer	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Position	No. of Years	Position	No. of Years

Family Information				
No. of Children/Dependents	Ages	Do you have a will?	If yes, date of will	Name of Personal Representative
Do you have a trust?	If yes, date of trust	Name of Trustee/Successor Trustee		

Cash Income and Expenditures Statement for the Year Ending _____

Annual Income	Amount (\$)	Annual Expenditures	Amount (\$)
Salary (Applicant)	\$	Property Taxes/Assessments	\$
Salary (Co-Applicant)		Income, State and Other Taxes	
Bonuses & Commissions		Rental Payments	
Dividend Income		Mortgage Payments (Principal & Interest)	
Interest Income		Other Loan Payments	
Rental Income		Contract Payments (Car, charge card, etc)	
Partnership/Sub-S Withdrawals (E,F)		Partnership/Sub-S Contributions (E,F)	
Capital Gains		Insurance Payments	
Other Investment Income		Alimony, Child Support/Maintenance	
Other Income (List)*		Educational Expenses	
		Other Living Expenses	
		Other Expense	
TOTAL INCOME	\$	TOTAL EXPENDITURES	\$

*The undersigned need not disclose income from alimony, child support or separate maintenance payments if such income is not to be considered as a source for repayment of the financial accommodations.

Statement of Assets and Liabilities Dated as of: _____

*All figures should be in dollars

*Please attach a separate schedule if more space is needed. Brokerage statements or other such statements may serve in place of required schedule.

*Please use the columns labeled APPLICANT and CO-APPLICANT for assets owned solely by one or the other and use the JOINT column for all assets owned jointly between the two individuals. If owned jointly with an outside party, please include in the JOINT column but note with an asterisk. Include all assets held by you as trustee of your living trust in the TRUST column.

Assets	Co-				Liabilities	Co-			
	Applicant	Applicant	Joint	Trust		Applicant	Applicant	Joint	Trust
Cash held in other Financial Institutions					Secured				
◊ Pledged					Unsecured				
◊ Not Pledged					Other Loans Payable (G)				
◊ Pledged					Secured				
◊ Not Pledged					Unsecured				
Marketable Securities (A)					Accounts & Bills Due				
Accounts & Notes Receivables (B)					Credit Cards Payable				
Net cash (C) surrender value of Life Insurance					Loans against Life Insurance Policy (C)				
Residence					Mortgage Payable - Residence				
Other Real Estate (D)					Mortgage Payable - Other Real Estate (D)				
Partnerships- Real Estate (E)					Mortgage Payable (E) - Real Estate Partnerships				
Partnerships- Sub-S Corp, PC (F)					Installment Loans				
IRA, Pension & Profit Sharing					Taxes Payable				
Automobiles					Other Liabilities (List)				
Personal Property									
Other Assets (List)									
					Total Liabilities				
					Net Worth				
TOTAL	\$				TOTAL	\$			

Note: Net Worth = Total Assets - Total Liabilities

Contingent Liabilities

Contingent Liabilities for this purpose are defined as obligations that may require payment to be made in the future

Are (either of) you a guarantor, co-maker or endorser for any debt of an individual, corporation or partnership?

Do you have any outstanding letters of credit or surety bonds?

Are you contingently liable on any lease or contract?

Are any of your tax obligations past due?

Any other contingent liabilities that may have a material affect on the information provided?

Yes/No	Amount	Lender
	\$	
	\$	
	\$	
	\$	
	\$	

If additional detail is needed for any of the above items, please use the space provided below:

Supporting Schedules

Schedule A - Marketable Securities*

No. of shares (Stock) or Face Value (Bond)	Description	Owned By	Cost	Current Market Value	If Pledged-P Restricted-R
Readily Marketable Securities (including U.S. Government and Municipals)					
Other Marketable Securities (closely held or thinly traded)					
TOTAL					

*Brokerage Statement may be included and only totals entered

Schedule B - Accounts and Notes Receivable

Name of Debtor	Collateral	Monthly Payment	Maturity Date	Unpaid Balance
Total				

Schedule C - Life Insurance

Name of Insured	Insurance Company	Policy Owner	Beneficiary	Amount	Cash Value	Loans on Policy
Total						

Schedule D - Real Estate and Mortgages

Address	Property Type	% Leased	% Owned	Original Cost	Net Op. Income	Annual Service Debt	Lender	Mtg. Oustand.	Market Value
Total									

Schedule E - Partnerships (Real Estate)

Partnership Name	Property Location	% Leased	Net. Op. Income	Debt Service	% Owned	Personal Liability	Mtge. Outstanding	Market Value	Withdrawals (contributions)
Total									

Schedule F - Other Partnerships (Non-Real Estate)

Investment Name	Date of Initial Investment	Investment Amount	% Owned	Mortgage Outstanding	Market Value	Withdrawals (Contributions)
Total						

Schedule G - Other Loans Payable

To Whom	Address	Name of Debtor	Collateral	Interest Rate	Maturity Date	Monthly Payment	Unpaid Balance
Total							

Please check if additional forms are included

General Information

Have (either of) you or any company in which (either of) you were a major owner ever declared bankruptcy in the last seven years?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have (either of) you ever had a judgment against you?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are any assets pledged or debts secured except as shown? If yes, please indicate on a separate sheet which assets and their value.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are (either of) you a defendant in any suits or legal action?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have any of your tax returns been audited or contested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do (either of) you have a line of credit or unused facility at any other financial institution? If yes, please indicate the institution, the amount, and the name of your Account Officer.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you answered "yes" to any of the above questions, please explain in the space provided below or on a separate sheet.

[Empty space for explanation]

Your Representations and Warranties

I understand that Manufacturers Financial/Apartment Capital Group is relying on the accuracy and completeness (including contingent liabilities and my property designation as individually or jointly held) of the information provided in this financial statement, in deciding to give or continue the financial accommodation or extension of credit I have requested or received, and that false statements constitute a violation of law. You may retain and verify this statement and are authorized to conduct such investigation into my financial affairs as you deem necessary, including a consumer credit report. I acknowledge and agree that this authorization shall be of continuing nature and may be relied upon by Lender for its future use until such time as written revocation of the authorization is presented to the Lender. If this is a joint financial statement,

Date

Signature

Date

Signature of Joint Applicant

THIS FORM MUST BE SIGNED BY BOTH APPLICANTS