# Personal Financial Statement

**ASSETS** Notes / Comments

| | |
|---|---|
| Cash on Hand and in Banks | $ |
| U.S. Government Securities | |
| Accounts, Loans, and Notes Receivable | |
| Cash Surrender Value of Life Insurance | |
| Value of Businesses Owned | |
| Stocks, Bonds, Mutual Funds | |
| Pension Plans - IRA's, 401K's, etc. | |
| Real Estate - Primary residence | |
| Real Estate - Other | |
| Automobiles - Number ( ) | |
| Household Furnishings and Personal Effects | |
| Other Assets (Itemize) | |
| | |
| | |
| | |
| **TOTAL ASSETS** | $ |

**LIABILITIES**

| | |
|---|---|
| Mortgage on Real Estate -Primary | $ |
| Mortgage(s) on Real Estate - Other | |
| Notes Payable | |
| Automobiles Loan(s) | |
| Credit Card balance(s) | |
| Other Liabilities (itemize) | |
| | |
| | |
| | |
| **TOTAL LIABILITIES** | $ |
| **NET WORTH (Assets - Liabilities)** | $ |

**SOURCES OF INCOME**

| | |
|---|---|
| My Salary | $ |
| Spouses Salary | |
| Dividends and Interest | |
| Bonuses and Commissions | |
| Real Estate Income | |
| Other Income (Itemize) | |
| | |
| | |
| **TOTAL INCOME** | $ |

The undersigned certifies that this information was provided by signer and is true and correct.

**DOB (Date of Birth)**

**Social Security No.**

**Signature** **Date**

**NAME: First** **Middle** **Last**

**Street**

**City** **State** **Zip**

Release:
In connection with my application to purchase a business represented by Mark Charles Associates, Inc., I authorize MCA or their appointee to verify the information supplied on my application and to receive current credit information about me. This authorization is valid for six (6) months from date of issue.