



55 W 125th Street, 11nd Floor, New York, NY 10027 Tel: (212) 410-0030 Fax: (212) 410-9083

PERSONAL FINANCIAL STATEMENT

As of _____, 20____

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.

Name _____ Business Phone (____) _____

Residence Address _____ Residence Phone (____) _____

City, State, & Zip Code _____

Business Name of Applicant/Borrower _____ Applicant's SS# _____

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on hands & In Banks \$ _____	Accounts Payable \$ _____
Savings Accounts \$ _____ (Complete Section 9)	Notes Payable to Banks and Others \$ _____ (Describe In Section 2)
IRA or Other Retirement Account \$ _____	Installment Account (Auto) \$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable \$ _____	Installment Account (other) Mo. Payments \$ _____
Life Insurance-Cash Surrender Value Only \$ _____ (Complete Section 8)	Loan on Life Insurance \$ _____
Stocks and Bonds \$ _____ (Describe in Section 3)	Mortgages on Real Estate \$ _____ (Describe In Section 4)
Real Estate \$ _____ (Describe in Section 4)	Unpaid Taxes \$ _____ (Describe In Section 6)
Automobile-Present Value \$ _____	Other Liabilities \$ _____ (Describe In Section 7)
Other Personal Property \$ _____ (Describe In Section 5)	Total Liabilities \$ _____
Other Assets \$ _____ (Describe In Section 5)	Net Worth \$ _____
Total . . . \$ _____	Total \$ _____

SECTION 1. Source of Income	Contingent Liabilities
Salary \$ _____	As Endorser or Co-Maker \$ _____
Net Investment Income \$ _____	Legal Claims & Judgments \$ _____
Real Estate Income \$ _____	Provision for Federal Income Tax \$ _____
Other Income (Describe Below)* \$ _____	Other Special Debt \$ _____

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income: unless it is desired to have such payments counted toward total income.

SECTION 2. Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a 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 a part of this statement and signed). Name of Brokerage Firm:

Account number:

Address: City: State/Zip:

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	Street	Street	Street
	City	City	City
	State/Zip Code	State/Zip Code	State/Zip Code
Date Purchased			
Original Cost			

Present Market Value			
Name & Address of Mortgage Holder	Name	Name	Name
	Street	Street	Street
	City	City	City
	State/Zip Code	State/Zip Code	State/Zip Code
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 pledge as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency).

Type of Property

ID Number (VIN if applicable)

Name and Address of lien holder

Address

City

State/Zip Code

Amount of lien

Terms of payment

Delinquency (if applicable)

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, include any applicable names and addresses).

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name and address of Insurance company and beneficiaries).

Name of Insurance company

Policy Number

Address of Insurance company

Beneficiaries

Section 9. Bank account(s).

Name of Bank (1)

Address

City

State/Zip Code

Account Number

Name of bank (2)

Address

City

State/Zip Code

Account Number

I authorize the Business Resource & Investment Service Center (BRISC) & the Upper Manhattan Empowerment Zone Development Corporation (UMEZ) to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 10 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____