



# Personal Financial Statement

**- STRICTLY CONFIDENTIAL -**  
PLEASE PRINT PAGE, FILL OUT AND FAX TO 502-458-3036

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Assets**

Cash on Hand and in Banks	\$	_____
U S Government Securities	\$	_____
Accounts, Loans and Notes Receivable	\$	_____
Cash Surrender Value Life Insurance	\$	_____
Value of Business Owned	\$	_____
Other Stocks and Bonds	\$	_____
401K and Profit Sharing Plans	\$	_____
Real Estate Home	\$	_____
Real Estate Rental	\$	_____
Automobiles (Number)	\$	_____
Household Furnishings	\$	_____
Personal Effects	\$	_____
Other Assets (Itemize)	\$	_____
1	\$	_____
2	\$	_____
3	\$	_____
<b>Total Assets</b>	<b>\$</b>	_____

**Liabilities**

Mortgage on Home	\$	_____
Mortgage on Rental Property	\$	_____
Credit Cards	\$	_____
Notes Payable	\$	_____
Other Liabilities (Itemize)	\$	_____
1	\$	_____
2	\$	_____
3	\$	_____
<b>Total Liabilities</b>	<b>\$</b>	_____

**Net Worth**

Total Assets Less Total Liabilities = Net Worth \_\_\_\_\_ \$ \_\_\_\_\_

**Source of Income**

Salary	\$	_____
Dividends and Interest	\$	_____
Bonus and Commissions	\$	_____
Rental Income	\$	_____
Other Income (Itemize)	\$	_____
1	\$	_____
2	\$	_____
<b>Total Source of Income</b>	<b>\$</b>	_____

*The undersigned certifies that this information was provided by him or her and is true and correct.*

Signature: \_\_\_\_\_ As of Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_