

SMOC Financial Services

Personal Financial Statement

To be completed by all owners with at least 20% ownership interest in the applicant and all guarantors

Please complete with spouse if the applicant's income is not sufficient to support the household

Personal Financial Statement				
Name		Business		
Home Phone #		Personal Email		
Current Home Address	Street	City	State	Zip
Previous Home Address	Street	City	State	Zip
Are you receiving any Public Assistance?		<input type="checkbox"/> TANF	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Housing
		<input type="checkbox"/> WIC	<input type="checkbox"/> Social Security	<input type="checkbox"/> Unemployment
Veterans Status:	Non-Veteran <input type="checkbox"/>	Vietnam-era Veteran <input type="checkbox"/>	Other Veteran <input type="checkbox"/>	
Are you an Immigrant? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, what is your residency status?		

Financial Information is as of _____

Annual Income	Amount (\$)	Annual Expenses	Amount (\$)
Salary/Wages		Federal Income Tax	
Interest Income		State Income Tax	
Dividend/Investment Income		Residential Mortgage or Rent Payment	
Other Business Income		Residential Property Taxes	
Other Income		Home/Auto Insurance	
Alimony/Child Support		Medical Insurance	
Rental Income		Alimony/Child Support	
Pension Income		Medical Expenses	
		Credit Card Payments	
		Auto Loan Payments	
		Other Loan Payments	
		Utilities	
Total Annual Income		Total Annual Expenses	
Assets	Current Value (\$)	Liabilities	Current Balance (\$)
Cash/Checking/Savings		Credit Card Balances	
Certificates of Deposit		Auto Loans	
Investment Accounts		Mortgage Loan	
Retirement Accounts		Property Taxes Payable	
Cash Value Life Insurance		State/Federal Income Taxes Payable	
Residential Real Estate		Bills Payable	
Other Real Estate		Life Insurance Loans	
Autos		401K Account Loans	
Other Assets (detail on next page)			
Total Assets		Total Liabilities	
		(Total Assets minus Total Liabilities)	

Personal Financial Information - continued

Contingent Liabilities	Yes	No	Amount
Are you a guarantor or co-signer on any other loans?			
Are there any lawsuits or legal actions against you?			
Are your personal taxes past due?			
Are your real estate taxes past due?			
Do you have past due loans?			
Have you ever filed personal bankruptcy?			N/A
Have you ever been convicted of a felony?			N/A
Do you have health insurance?			N/A
Do you have life insurance?			
Do you have a will?			N/A

Do you Own or Rent your home?		Do you live with relatives?			
How many adults are in your household?		How many children are in your household?			
If you rent your residence:					
Name of Your Landlord	Landlord Phone #	Monthly Rent	Utilities Included? Y / N Heat Y / N Gas/Electric Y / N Water	Name(s) on Lease	Lease Expiration
Is the rent current?	If no, how many months are owed:		Dollar amount past due:		
If you own your residence:					
Residence	Name of Owners (list all)	Year Purchased	Purchase Price	Number of Units	#of Tenants/Rental Income
First Mortgage					
Lender	Original Loan Amount	Current Loan Balance	Interest Rate	Issue Date	Maturity Date
Does Loan re-price? Yes or No		If Yes, when?		How is new rate calculated?	
Is loan current?	If no, how many months are owed?		Are real estate taxes current?	Are there any other liens on the house?	
Second Mortgage					
Lender	Line of credit or Term Loan?	Original Amount	Current Balance	Monthly Payment	Interest Rate
					Issue Date
					Maturity Date

Bank Accounts					
Bank Name	Account Number	Account Balance	Checking or Savings	Joint Account Holders	
Other Personal Assets (detail from prior page)					
Asset		Value	Co-Owners		
Loans/Credit Cards					
Lender	Line/Loan Amount	Current Balance	Interest Rate	Monthly Payment	Issue Date
					Maturity Date
					Collateral
					Co-Borrower

The undersigned is providing this information to support the extension of credit by South Middlesex Opportunity Council (SMOC). The undersigned understands that SMOC is relying on this information for extension of credit, and hereby represents that this information is true, and complete. The undersigned will provide notice of any material adverse change in his/her financial condition including in his/her ability to perform under his/her obligations to SMOC. The undersigned authorizes any consumer-reporting agency to give SMOC information it may have on the undersigned. The undersigned authorizes SMOC to answer questions and/or provide credit information to credit reporting agencies and other parties.

Date	Signature	SSN	Date of Birth
Date	Signature	SSN	Date of Birth

