



Personal Financial Statement

As of Date: _____

INDIVIDUAL 1 INFORMATION

Name:		
Address:		
City:	State:	Zip:
Years at Address:	Phone:	
SSN:	DOB:	No. of Dependents:
Employer:		
Occupation:		
Address:		
City:	State:	Zip:
Phone:	Years Employed:	

INDIVIDUAL 2 INFORMATION

Name:		
Address:		
City:	State:	Zip:
Years at Address:	Phone:	
SSN:	DOB:	No. of Dependents:
Employer:		
Occupation:		
Address:		
City:	State:	Zip:
Phone:	Years Employed:	

AUTHORIZATION

I authorize Community Investment Fund of Indiana, Inc. 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 dates. These statements are made for either obtaining a loan or guaranteeing a loan.

Individual 1

Individual 2

Signature: _____

Signature: _____

Printed: _____

Printed: _____

Date: _____

Date: _____



ASSETS

	Schedules	Solely Owned		Jointly Owned Amounts	Total
		Individual 1 Amount	Individual 2 Amount		
Cash in Financial Institutions	A				
Marketable Securities (stocks/bonds)	B				
Cash Value of Life Insurance	C				
Real Estate (residential)	D				
Retirements Accounts	E				
Personal Property (include auto)	F				
Other	None				
Total Assets					

LIABILITIES AND NET WORTH

	Schedules	Solely Owned		Jointly Owned Amounts	Total
		Individual 1 Amount	Individual 2 Amount		
Taxes Payable	None				
Mortgage Debt (residential)	D				
Other Loans	None				
Other Liabilities	None				
Total Liabilities					
Net Worth (total assets less total liabilities)					

SOURCES OF ANNUAL INCOME

MONTHLY EXPENSES

Item	Earners 1	Earners 2	Total	Expense	Earners 1	Earners 2	Total
Salary/Wages				Mortgage/Rent			
Bonus/Commissions				Credit Cards			
Real Estate Income				Insurance			
Partnership Distributions				Tax Payments			
Business Income				Auto Loans			
Alimony/Child Support*				Alimony/Child Support*			
Other Income				Other Expenses			
Other Income				Other Expenses			
Other Income				Other Expenses			
Other Income				Other Expenses			
Total Income				Total Expenses			

QUESTIONS

Check Yes or No			
Have you ever filed for bankruptcy?	Yes	No	
Are you a defendant in any legal action?	Yes	No	
If you answer either of the above questions "yes", please explain: (use additional attachments if necessary)			



SCHEDULES

If the abbreviated schedules listed below do not provide sufficient space to list your detailed information, please attach a separate schedule.

SCHEDULE A: CASH IN FINANCIAL INSTITUTIONS

Account No.	Account Type	Financial Institution	Balance	Account Ownership
		Total		

SCHEDULE B: MARKETABLE SECURITIES

Number of Shares	Name of Securities	Current Market Value	Where Held	Account Ownership	Pledged (Yes or No)
	Total Market Value		As of:		

SCHEDULE C: CASH VALUE LIFE INSURANCE

Company	Face Policy Amount	Type of Policy	Surrender Value	Ownership	Beneficiary
	Total Market Value		As of:		

SCHEDULE D: REAL ESTATE (RESIDENTIAL & INVESTMENT)

	Property A	Property B
Type of Property		
Address		
Date of Purchase		
Original Cost		
Market Value		
Name of Mortgage Holder		
Loan Balance		
Monthly Payment		
Loan Maturity Date		
Net Value		

SCHEDULE E: RETIREMENT ACCOUNTS

Number of Shares	Description	Current Market Value	Where Held	Account Ownership	Loan
	Total Value		As of:		

SCHEDULE F: PERSONAL PROPERTY

Item Number	Description	Current Market Value	Location of Property	Account Ownership	Loan
	Total Value		As of:		