



Confidential Personal Financial Statement

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Social Security Number: _____

Business/Employer Name: _____

Position or Title: _____

Phone: Business: _____ Fax: _____

Name/Social Security Number (spouse, if joint accounts held): _____

For the purpose of obtaining credit from LHFS, I submit the following statement of my financial condition as of _____

ASSETS SOLELY OWNED (List only those assets to which you have sole legal title)		LIABILITIES AND NET WORTH (List all liabilities, joint or otherwise)	
Cash On Hand and in Banks - See Schedule A	\$	Notes Payable to Banks - Schedule E	\$
401K's/IRAs/etc. - See Schedule A		Notes Payable to Others - Schedule E	
U.S. Government & Marketable Securities - See Schedule B		Real Estate Mortgages Payable - See Schedule C	
Non-Marketable Securities - Schedule B		Accounts Payable	
Real Estate - See Schedule C		Unpaid Income Taxes: Fed \$ _____ State \$ _____	
Notes and Accounts Receivable		Loans on Life Insurance Policies	
Automobiles		Other Liabilities:	
Other Personal Property			
Cash Value Life Insurance-Schedule D			
Other Assets:		TOTAL LIABILITIES	\$
		(All assets, sole and joint, minus total liabilities)	
		NET WORTH	\$
TOTAL ASSETS (Sole)	\$	TOTAL LIABILITIES & NET WORTH	\$
ASSETS JOINTLY OWNED (List all assets in which legal title is joint)		SOURCES OF INCOME For the year ended _____	
Cash On Hand and in Banks - See Schedule A	\$	Salary/Income from Business	\$
401K's/IRAs/etc. - See Schedule A		Bonuses and Commissions	
U.S. Government & Marketable Securities - See Schedule B		Dividends	
Non-Marketable Securities - Schedule B		Rental Income (net of expenses & debt service)	
Real Estate - See Schedule C		Other Income:	
Notes and Accounts Receivable		Alimony, child support or separate maintenance	
Automobiles		income need not be revealed if you do not wish to have it considered as a basis for obtaining credit.	

Other Personal Property		TOTAL INCOME \$	
Cash Value Life Insurance - Schedule D			
Other Assets:		MONTHLY EXPENDITURES	
		Mortgage/Rent	\$
		Insurance	\$
		Car Payments	\$
		Installment Notes	\$
TOTAL ASSETS (Joint)	\$	Alimony	\$
CONTINGENT LIABILITIES		GENERAL INFORMATION	
As endorser, co-maker or guarantor	\$	Are any assets pledged? See Schedules.	
On leases or contracts	\$	Are you a partner in any firm?	
Legal claims	\$	Are you defendant in any suits or legal actions?	
Contested income tax liens	\$	Have you ever filed bankruptcy?	
Other special debts:	\$		

Schedule A - CASH IN BANKS

Name of Bank	Type of Account	Type of Ownership	On Deposit
			\$
			\$
			\$
			\$

If additional space is required, attach a page with the necessary information.

Schedule B - SECURITIES OWNED

Face Value-Bonds Shares-Stock	Description	Type of Ownership	Cost	Market Value	Amount Pledged to Secure Loans
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

Schedule C - REAL ESTATE OWNED

Description of property and improvements	Date Acquired	Cost	Market Value	Balance Due	Payment	Maturity	To Whom Payable
		\$	\$	\$	\$		
		\$	\$	\$	\$		
		\$	\$	\$	\$		
		\$	\$	\$	\$		
		\$	\$	\$	\$		

Schedule D-LIFE INSURANCE

Company	Face Value of Policy	Cash Surrender Value	Loans Against Policy	Other Loans - Policy as Collateral	Beneficiary
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	

Schedule E-NOTES PAYABLE

Name of Bank/Others	Type of Loan	Maturity Date	Amount of Loan	Monthly Payment	Collateral (If Any)
			\$	\$	
			\$	\$	
			\$	\$	

AUTHORIZATION:

The foregoing has been carefully read by me and provided to LHFS for the purpose of obtaining credit. I hereby certify it is a true and correct exhibit of my financial condition and may be treated by LHFS as a continuing statement thereof until replaced by a new statement or until I specifically notify you of change therein. In consideration of such credit which you may advance me, I agree that if at any time this statement shall prove incorrect, in your judgment, as a statement of my then condition, or if at any time by reason of insolvency, application for receiver, or any act or omission on my part in your judgment such credit is prejudiced or impaired, all or any of my obligations to LHFS, whether direct, indirect, contingent or fixed shall immediately stand due and payable without demand upon or notice to me, and any money owned by me and in LHFS possession in whatever capacity may in LHFS discretion be held and, without prior notice to me, and/or applied by LHFS against any of my such obligations to LHFS. LHFS is authorized to check my credit and employment history and to answer questions about LHFS credit experience with me.

Witness my hand and seal this _____ day of _____, _____

(SEAL)

(SEAL)