



# New Bedford Economic Development Council

## PERSONAL FINANCIAL STATEMENT

**CONFIDENTIAL**

Personal Financial Statement as of

E MAIL - Home

NAME(S):

E MAIL - Office

HOME ADDRESS:

Social Security #  
Spouse's Social  
Security #

HOME PHONE:

<i>Assets</i>	<i>In Even Dollars</i>	<i>Liabilities and Net Worth</i>	<i>In Even Dollars</i>
Cash on hand and in Banks—See Schedule A	\$	Notes Payable: This Bank—See Schedule A	\$
U.S. Government Securities—See Schedule B	\$	Notes Payable: Other Institutions—See	\$
Listed Securities—See Schedule B	\$	Schedule A	\$
Unlisted Securities—See Schedule B	\$	Notes Payable—Relatives	\$
Other Equity Interests—See Schedule B	\$	Notes Payable—Others	\$
Accounts and Notes Receivable	\$	Accounts and Bills Due	\$
Real Estate Owned—See Schedule C	\$	Unpaid Taxes	\$
Mortgages and Land Contracts Receivable— See Schedule D	\$	Real Estate Mortgages Payable—See	\$
	\$	Schedule C or D	\$
Cash Value Life Insurance—See Schedule E	\$	Land Contracts Payable—See Schedule C or D	\$
Other Assets: Itemize	\$	Life Insurance Loans—See Schedule E	\$
	\$	Other Liabilities: Itemize	\$
	\$		\$
	\$		\$
	\$	<b>TOTAL LIABILITIES</b>	\$
	\$	<b>NET WORTH</b>	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

<i>Sources of Income</i>	<i>In Even Dollars</i>	<i>General Information</i>	
Salary	\$	Employer	
Bonus and Commissions	\$	Position or Profession	No. Years
Dividends	\$	Employer's Address	
Real Estate Income	\$		Phone No.
*Other Income: Itemize	\$	Partner, officer or owner in any other venture? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, explain:	
<b>TOTAL</b>	\$		
*Alimony, child support or separate maintenance payments need not Be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding.		Are any assets pledged? <input type="checkbox"/> No <input type="checkbox"/> Yes Detail in Schedule A	
		Income taxes settled through (Date)	

<i>Contingent Liabilities</i>	<i>In Even Dollars</i>	<i>General Information (continued)</i>	
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes	
On leases	\$	If so, explain:	
Legal claims	\$	Have you ever taken bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Provision for federal income taxes	\$	If so, explain:	
Other special debt, e.g., recourse or repurchase liability	\$	Do you have a will? <input type="checkbox"/> No <input type="checkbox"/> Yes With whom?	
	\$	Do you have a trust? <input type="checkbox"/> No <input type="checkbox"/> Yes With whom?	
<b>TOTAL</b>	\$	Number of dependents	Ages



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**Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions.** List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

Name of Institution	Name on Account	Balance on Deposit	High Credit	Amount Owing	Monthly Payment	Secured by What Assets
<b>TOTAL</b>			<b>TOTAL</b>			

**Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)**

Number of Shares, Face Value (Bonds), or % of Ownership	Indicate: 1. Agency or name of company issuing security or name of partnership 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation*	In Name of	*Market Value	Pledged	
				Yes (☐)	No (☐)
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
<b>TOTAL</b>					

\*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

**Schedule C: Real Estate Owned (and related debt, if applicable)**

Description of Property or Address	Title in Name Of	Date Acq.	Cost + Improvements	Present Mkt. Value	Mortgage or Land Contract Payable		
					Bal. Owing	Mo. Payt.	Holder
<b>TOTAL</b>							

**Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)**

Description of Property or Address	Title in Name Of	Date Acq.	Balance Receivable	Monthly Payment	Mortgage or Land Contract Payable		
					Bal. Owing	Mo. Payt.	Holder
<b>TOTAL</b>							

**Schedule E: Life Insurance Carried**

Name of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary
<b>TOTAL</b>				



# New Bedford Economic Development Council

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the Bank named above. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Bank. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify said Bank of said change(s) and unless said Bank is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize the Bank to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to the Bank any information that it may have or obtain in response to such credit inquiries.

**I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.**

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**I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.**

Applicant's  
Signature \_\_\_\_\_

Date  
Signed

Social  
Security No.

Date of  
Birth

Spouse's or  
Co-Applicant's  
Signature \_\_\_\_\_

Date  
Signed

Social  
Security No.

Date of  
Birth