

LEASOURCE FINANCIAL SERVICES, INC.

1000 River Rock Drive, #218 · Folsom, CA 95630 · Phone: 800-991-0099 or 916-988-7723 · Fax: 916-988-3931 · Email: info@leasource.com

PERSONAL FINANCIAL STATEMENT

Name:	Birth Date:	Social Security Number:
Home Address:		
Business/Occupation:		
Do you have any dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many?	Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please name executor:	
Are you a defendant in any suits or Legal Action? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever claimed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when:	

ASSETS	LIABILITIES
Cash available on-hand and unrestricted in banks \$	Notes payable to banks <i>Unsecured</i> \$
U.S. Government Securities \$	Notes payable to banks <i>Secured</i> \$
Cash surrender value of life insurance policies \$	Loan against life insurance policy \$
Publicly traded stocks and securities (AMEX, NYSE) \$	Notes payable to others \$
Other stocks and bonds \$	Accounts Payable \$
Accounts Receivable \$	Taxes and assessments payable \$
Notes Receivable \$	Mortgages on real estate \$
Real Estate (cost or market value) <i>Do not deduct mortgages</i> \$	Other liabilities – Please itemize \$
Automobiles in your name \$	\$
Other assets – Please itemize \$	\$
\$	\$
\$	\$
TOTAL ASSETS \$	TOTAL LIABILITIES \$

Subtract your total liabilities from your total assets = **NET WORTH: \$**

INCOME INFORMATION	CONTINGENT LIABILITIES
Salary \$	As Guarantor \$
Bonus and Commissions \$	On leases or contracts \$
Dividends \$	Legal claims \$
Real-estate income \$	Federal Income Tax \$
Other income - alimony, child support, etc. \$	Other - Please itemize \$
TOTAL INCOME \$	TOTAL CONTINGENT LIABILITIES \$

BANKING INFORMATION					
Name of Bank	Telephone Number	Cash Balance	Type of Account	Account Number	Name on Account
1.		\$			
2.		\$			
3.		\$			
4.		\$			

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PERSONAL FINANCIAL STATEMENT (continued)

Schedule 1 Banking Relations (Loans, Lines of Credit...)				Attach additional pages if necessary
Name of Bank	a) Amount of Loan b) What was the loan for?	Opening Date	Term of Loan	Secured? If so, how?
1.	a) \$ b)			
2.	a) \$ b)			
3.	a) \$ b)			
4.	a) \$ b)			

Schedule 2 Notes Receivable			
Name of debtor and address	Age of Debt and description	Amount Owing	Term of Loan
1.		\$	
2.		\$	
3.		\$	

Schedule 3 Life Insurance							
Name of Insured	Name of Beneficiary	Name of Insurance Company	Yearly Premium	Face Amount	Cash Surrender Value	Loans against policy	Type of policy
1.			\$	\$	\$		
2.			\$	\$	\$		
3.			\$	\$	\$		

Schedule 4 Stocks and Bonds						
Name of Security	Name Security is registered in:	To whom it is pledged	Ticker Symbol	Number of shares	Cost	Market Value
1.					\$	\$
2.					\$	\$
3.					\$	\$
4.					\$	\$

Schedule 5 Real Estate						
Address (include city and state and if it is a rental property)	Title in name of	Date acquired	Cost (Purchase price)	Market Value	Mortgages (Original Amount)	Unpaid Balance
1.			\$	\$	\$	\$
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$

The undersigned submits the above as being a true and accurate statement of his or her financial condition on the indicated date and agrees that the bank will and may rely thereon, and agrees that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against him or her, the undersigned will immediately and without delay notify the said Bank, and unless the Bank is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned. In considering this loan request from you, the bank will rely heavily on the information which you have supplied. It is most important that the information be accurate and complete. It is a federal crime to make a false statement on this application.

Signature: _____

Date: _____