

**ALLEGHENY COUNTY DEPARTMENT OF  
MINORITY, WOMEN AND DISADVANTAGED BUSINESS ENTERPRISE  
SMALL BUSINESS DEVELOPMENT AND TECHNICAL ASSISTANCE PROGRAM**

**Personal Financial Statement**

As of \_\_\_\_\_, 20 \_\_\_\_\_

Complete this form for (1) each proprietor, or (2) each limited partner with 20% or more interest and each general partner, or (3) each stockholder with 20% or more of voting stock, or (4) any person or entity providing guaranty on the loan

Name:	Business Phone:
Residence Address:	Residence Phone:
City, State & Zip Code:	
Business Name of Applicant/Borrower:	

	ASSETS (Omit Cents)		LIABILITIES (Omit Cents)
Cash in Checking	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivables \$	_____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property \$	_____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
		Net Worth	\$ _____
<b>Total</b>	<b>\$ _____</b>	<b>Total</b>	<b>\$ _____</b>

Section 1. Source of Income	Contingent Liabilities
Salary \$ _____	As Endorser or Co-Maker \$ _____
Net Investment Income \$ _____	Legal Claims & Judgements \$ _____
Real Estate Income \$ _____	Provision for Federal Income Tax \$ _____
Other Income (Describe below) \$ _____	Other Special Debt \$ _____

Description of Other Income in Section 1

Section 2. Notes Payable to Banks and Others (Use attachments if Necessary). Each attachment must be identified as a part of this statement and signed.

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds (Use attachments if necessary). Each attachment must be identified as a part of this statement and signed.

Number of Shares	Name of Securities	Cost	Market Value Quotation/ Exchange	Date of Quotation/ Exchange	Total Value

Section 4. Real Estate Owned (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Monthly Payment / Annual			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.

Section 6. Unpaid taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien is attached.

Section 7. Other Liabilities. (Describe in detail)

Section 8. Life Insurance held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries).

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I authorize Lender 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 date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits.

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number: