



ST. CROIX 116 King Street, Frederiksted, VI 00840
(340) 773-6499 FAX (340) 773-7701

ST. THOMAS 8000 Nisky Shopping Center, Suite 620, St. Thomas, VI 00802
(340) 714-1700 FAX (340) 777-1103

Personal Financial Statement

Name _____

Address _____

Statement of the financial condition of the undersigned as of _____

ASSETS		LIABILITIES	
Cash on Hand/Banks	Schedule A	Accounts Payable	
Stocks Bonds	Schedule B	Notes Payable to Banks	Schedule A
Accounts & Notes Receivable-Trade		Mortgage Payable-Current	Schedule D
Accounts & Notes Receivable-Other		Unpaid Income Taxes	
Cash Value-Life Insurance	Schedule C	Accrued Expenses Payable	
Accrued Income Receivable		Notes Payable-Other	
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
Real Estate Owned	Schedule D	Mortgage Payable-Long Term	
Furniture & Fixture-Home & Office			Schedule D
Automobiles		Other	
Other Assets			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

SOURCES OF INCOME	PERSONAL INFORMATION
Salaries or Commissions	Business or Occupation Age
Bonus & Dividends	<input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Separated
Real Estate Income (Rentals)	No. of Dependents
Other Income*	Name of Partner or Officer in any other Venture
TOTAL	

*Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment of this obligation.

CONTINGENT LIABILITIES	GENERAL INFORMATION
As Co-Maker, Endorser or Guarantor	Are any Assets Pledged? <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Claims	Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Provision for Income Taxes	Explain
Other Special Debt	

SCHEDULE A

CASH ON HAND/BANKS

Bank Names	Statement Dated		Method of Borrowing	
	Cash Balance	Amount Owing	Unsecured, Guaranty, Collateral	
Total as per Statement				

SCHEDULE B		STOCKS AND BONDS		
Shares & Bonds	Name of Security	In Name Of	Present Market Value	In Pledge State to Whom

SCHEDULE C		LIFE INSURANCE			
Face Amount	Name of Company	Beneficiary	Type of Policy	Cash Value	Loans Against Policy

SCHEDULE D		REAL ESTATE OWNED				
Location, Type of Property and Date Acquired	Title in Name of	Cost	Last Appraised Value	Mortgage		
				Amount	Due	

GIVE NAMES OF BANKS, FINANCE COMPANIES, ETC., WHERE CREDIT HAS BEEN OBTAINED.

Bank Names	Date	Original Amount	Balance	Monthly Payments	High Credit

For the purpose of procuring and maintaining credit from time to time in any form whatsoever with the above named bank, the undersigned submits the following as being a true and accurate statement of his/her financial condition on the following date, and agrees that if any charge occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against him, 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 as of the close of business.

(Month) _____ (Day) _____ (Year) _____

Signature

Signature

Signature