

Gelt Financial

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Personal Financial Statement

Section 1 - Individual Information		Section 2 - Other Party Information	
Name		Name	
Address		Address	
City, State, & Zip		City, State, & Zip	
Position / Occupation		Position / Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State & Zip		City, State & Zip	
Length of Employment		Length of Employment	
Res. Phone	U.S. Citizen Permanent Resident Other	Res. Phone	U.S. Citizen Permanent Resident Other
Bus. Phone		Bus. Phone	
Mobile Phone:	Email Address:	Mobile Phone:	Email Address:

Section 3 - Statement of Financial Condition as of:			
Assets	In dollars	Liabilities	In dollars
Liquid Assets		Real Estate mortgages payable - see Schedule B	
Cash in other banks (Bank Certificates of Deposit - see Schedule A)		Other debts (car payments, credit cards, etc.) - itemize	
Real Estate owned - see Schedule B		Unpaid income tax	
Other assets-itemize - see Schedule C if applicable			
		Total Liabilities	
		Total Net Worth	
Total Assets		Total Liabilities and Net Worth	

PERSONAL INFORMATION	YES	NO
Do you have a will?		
If so, name executor:		
Have you ever declared bankruptcy?		
If so, describe		
Have you ever been audited by IRS?		
If so, describe		
Have you ever defaulted on any debts?		

ACCOUNTANT
NAME:
ADDRESS
PHONE
ATTORNEY
NAME:
ADDRESS
PHONE

If so, describe

Section 4-Annual Income For Year Ended	Monthly Expenditures	Contingent Liabilities	
Salary	Mortgage/rental payments	Do you have any...	Yes No
Bonus & commissions	Real Estate taxes & assessments		
Dividends & interest	Taxes - federal, state & local	Contingent liabilities	
Real Estate income	Insurance payments	Pending legal actions?	
Tax Free income	(car payments, charge cards, etc.)	Other special debt or circumstances	
Other income separate maintenance income need not be revealed	Alimony, child support, maintenance	Contested tax liens?	
	Other expenses	If "yes" to any question(s) describe:	
Total Income	Total Expenditures	Total Contingent Liabilities	
\$	\$	\$	\$

Section 4 - Property Information

Purchase

Property Address: _____

Price	Repair Costs	After Repaired Value	Property Type	Occupied or Vacant	Current Rent	Estimated Rent

Refinance

Property Address: _____

Market Value	Date Purchased	Amount Owed	Property Type	Occupied or Vacant	Current Rent	Estimated Rent

SCHEDULE A - LIQUID ASSETS

Description	Name of Institution	In Name of	Are these Pledged or Held by others?	Value
				\$
				\$
				\$
				\$
				\$

SCHEDULE B - RESIDENCE AND OTHER REAL ESTATE

Address and Type of Property	Title in Name of	Property Type	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Balance	Rent
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$
				\$	\$	\$	\$	\$

SCHEDULE C - BUSINESS VENTURES AND OTHER ASSETS

Name and Address of Any Business Venture in Which You are an Owner, Stockholder, or Partner	Total Assets Listed in Section 3	Your % of Ownership	Your Position / Title in the Business	Total Assets of Business	Line of Business	Years in Business
	\$			\$		
	\$			\$		
	\$			\$		

This information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the surety of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a surety thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any c. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Signature (individual)

Social Security Number

Date Signed _____

Date of Birth _____

Signature (other party)

Social Security Number

Date Signed _____

Date of Birth _____