

ASSET CAPITAL RESOURCE

A MEMBER FIRM OF ASSET GLOBAL, INC.

PERSONAL FINANCIAL STATEMENT

Name (first, middle, last)	Spouse's Name (first, middle, last)
Date of Birth	Date of Birth
Social Security Number	Social Security Number
Home Address (street)	Home Address (street)
City State Zip code	City State Zip code
Home Phone	Home Phone
Occupation	Occupation
Business Name	Business Name
Business Address (street)	Business Address (street)
City State Zip code	City State Zip code
Business Phone	Business Phone
Business Fax	Business Fax

FINANCIAL STATEMENT AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK (Schedule A)		NOTES PAYABLE TO BANKS (Schedule H)	
NOTES RECEIVABLE (Schedule B)		NOTES PAYABLE TO OTHER (Schedule H)	
STOCKS & BONDS (Public) (Schedule C)		TAXES DUE (explain)	
STOCKS & BONDS (Private) (Schedule D)		REAL ESTATE NOTES (Schedule F)	
LIFE INSURANCE; CASH SURRENDER (Schedule E)		INSURANCE POLICY LOANS (Schedule E)	
AUTOMOBILES		OTHER LIABILITIES (Schedule K)	

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REAL ESTATE (Schedule F)		TOTAL LIABILITIES	
OTHER ASSETS; Furniture, Furs, Jewelry, & other (Schedule K)		NET WORTH	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

SCHEDULE (A), CASH IN BANKS

BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE	OTHER

SCHEDULE (B), NOTES RECEIVABLE

ORIGINAL AMOUNT	DUE FROM	BALANCE DUE	PAYMENTS	COLLATERAL

SCHEDULE (C), STOCKS & BONDS PUBLICLY TRADED

NAME OF SECURITY	NUMBER OF SHARES	MARKET VALUE	YEARLY DIVIDEND	PLEDGED (Y/N)

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SCHEDULE (D), STOCKS PRIVATELY HELD (EQUITY IN OTHER BUSINESSES)

NAME OF EQUITY	NUMBER OF SHARES	MARKET VALUE	PERCENT (%) SHARE	PLEDGED (Y/N)

SCHEDULE (E), LIFE INSURANCE

NAME OF ISSUER	TYPE OF POLICY	FACE VALUE	CASH VALUE	LOAN OUTSTANDING

SCHEDULE (F), REAL ESTATE

DESCRIPTION AND LOCATION	MARKET VALUE	MONTHLY PYMT	MONTHLY INCOME	MORTGAGE BALANCE & NOTE HOLDER

SCHEDULE (H), NOTES PAYABLE OTHER THAN REAL ESTATE

DESCRIPTION (DUE TO WHOM..)	OUTSTANDING BAL	MONTHLY PAYMENT	MATURITY	COLLATERAL

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SCHEDULE (K), OTHER ASSETS & LIABILITIES				
DESCRIPTION OF ASSET/LIABILITY	MARKET VALUE	OUTSTANDING BAL	MONTHLY PYMT	COLLATERAL

BANKRUPTCY: Yes _____, NO _____ IF YES PLEASE EXPLAIN

Do you know your credit score?: YES _____, NO _____

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CASH FLOW STATEMENT

GROSS MONTHLY INCOME

Salary	\$	_____
Commission	\$	_____
Bonus/Dividends	\$	_____
Real Estate	\$	_____
Other	\$	_____

TOTAL MONTHLY INCOME (TOTAL CASH TAKEN HOME) \$ _____ -

MONTHLY EXPENSES

Mortgage/Rent Payments	\$	_____
Home Improvements	\$	_____
Household Expenses	\$	_____
Utilities	\$	_____
Telephone	\$	_____
Food	\$	_____
Insurance	\$	_____
Miscellaneous	\$	_____
Automobiles Expenses	\$	_____
Gas (Cash & Credit)	\$	_____
Insurance	\$	_____
Car Payments	\$	_____
Life & Medical Insurance	\$	_____
Child Care	\$	_____
Installments Loans	\$	_____
Misc.(over \$100)	\$	_____
Credit Card Payments	\$	_____
Bank Cards	\$	_____
American Express	\$	_____
Department Stores	\$	_____
Others	\$	_____

TOTAL MONTHLY EXPENSES \$ _____ -

TOTAL NET MONTHLY INCOME AFTER EXPENSES \$ _____ -

NOTE:

THE UNDER SIGNED ADMITS THAT THE INFORMATION PROVIDED IN THIS FORM IS TRUE, COMPLETE AND ACCURATE REPRESENTATION OF HIS/HER FINANCIAL CONDITION AS OF THE DATE STATED. THE UNDERSIGNED SHALL NOTIFY ACR IF MATERIAL CHANGE IN HIS/HER FINANCIALS TOOK PLACE IN ORDER TO REFRESH THIS FORM. THIS FORM IS TO BE USED FOR THE PURPOSE OF LOAN PROCUREMENT AND WILL BE SENT TO MANY FINANCIAL INSTITUTIONS. I UNDERSTAND THAT I MAY NEED TO VERIFY THE INFORMATION ON THIS FORM BY ONE OR ALL BANKS.

SIGNATURE: _____

DATE: _____

SIGNATURE: _____

DATE: _____