



PERSONAL FINANCIAL STATEMENT

Complete if ownership is 20% or more.

	As of Date:
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INDIVIDUAL 1 INFORMATION	
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Name:		
Address:		
City:	State:	Zip:
Years at Address:	Phone:	
SSN:	DOB:	No. of Dependents:
Employer:		
Occupation:		
Address:		
City:	State:	Zip:
Phone:	Years Employed:	

INDIVIDUAL 2 INFORMATION	
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Name:		
Address:		
City:	State:	Zip:
Years at Address:	Phone:	
SSN:	DOB:	No. of Dependents:
Employer:		
Occupation:		
Address:		
City:	State:	Zip:
Phone:	Years Employed:	

ASSETS					
	Schedules	Solely Owned		Jointly Owned Amounts	Total
		Individual 1 Amount	Individual 2 Amount		
Cash in Financial Institutions	A				
Marketable Securities (stocks/bonds)	B				
Cash Value of Life Insurance	C				
Real Estate (residential)	D				
Real Estate (investment)	E				
Business Partnerships	F				
Accounts & Notes Receivable	G				
Retirements Accounts	H				
Personal Property (include auto)	I				
Personal Property	I				
Other	None				
Total Assets					

LIABILITIES AND NET WORTH					
	Schedules	Solely Owned		Jointly Owned Amounts	Total
		Individual 1 Amount	Individual 2 Amount		
Notes Payable	J				
Accounts Payable (add credit cards)	K				
Taxes Payable	None				
Mortgage Debt (residential)	D				
Other Real Estate (investment)	E				
Other Loans	None				
Other Liabilities	None				
Total Liabilities					
Net Worth (total assets less total liabilities)					

SOURCES OF ANNUAL INCOME				MONTHLY EXPENSES			
Item	Earners 1	Earners 2	Total	Expense	Earners 1	Earners 2	Total
Salary/Wages				Mortgage/Rent			
Bonus/Commissions				Credit Cards			
Real Estate Income				Insurance			
Partnership Distributions				Tax Payments			
Business Income				Auto Loans			
Alimony/Child Support*				Alimony/Child Support*			
Other Income				Other Expenses			
Other Income				Other Expenses			
Other Income				Other Expenses			
Other Income				Other Expenses			
Total Income				Total Expenses			

*Alimony, child support, or other separate maintenance income need not be reported if you do not want to have it considered as a basis for repayment.

CONTINGENT LIABILITIES	
Line Item	Amount
As Endorser or Co-Maker	
Legal Claims and Judgments	
Provision of Taxes	
Other Special Debt	

QUESTIONS			
Check Yes or No			
Have you ever filed bankruptcy?	Yes	No	
Are you a defendant in any legal action?	Yes	No	
If you answer either of the above questions "yes", please explain: (use additional attachments if necessary)			

SCHEDULES

If the abbreviated schedules listed below do not provide sufficient space to list your detailed information, please attach a separate schedule.

SCHEDULE A: CASH IN FINANCIAL INSTITUTIONS

Account No.	Account Type	Financial Institution	Balance	Account Ownership
Total				

SCHEDULE B: MARKETABLE SECURITIES

Number of Shares	Name of Securities	Current Market Value	Where Held	Account Ownership	Pledged (Yes or No)
Total Market Value			As of:		

SCHEDULE C: CASH VALUE LIFE INSURANCE

Company	Face Policy Amount	Type of Policy	Surrender Value	Ownership	Beneficiary
Total Market Value			As of:		

SCHEDULE D: REAL ESTATE (RESIDENTIAL)

	Property A	Property B	Property C
Type of Property			
Address			
Date of Purchase			
Original Cost			
Market Value			
Name of Mortgage Holder			
Mortgage Holder Address			
Account Number			
Loan Balance			
Monthly Payment			
Loan Maturity Date			
Rate			
Account Number			
Ownership			
Net Value			

SCHEDULE K: ACCOUNTS PAYABLE

Amount Due	Loan Type (credit cards, etc.)	Total Amount of Commitment Line	Terms of Repayment	Collateral Guarantor(s)	Rate

AUTHORIZATION

I authorize Community Investment Fund of Indiana, Inc. 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 dates. These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

Individual 1

By: _____

Printed: _____

Date: _____

Individual 2

By: _____

Printed: _____

Date: _____