Whitehall Township Industrial and Commercial Development Authority
PO Box 413
Whitehall, PA 18052
wticda@gmail.com
484-245-4098

PERSONAL FINANCIAL STATEMENT

IMPORTANT: Read these directions before completing this Statement.

- ☐ If you are applying for individual credit in your own name and are relying on your own income or assets and not on the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1 and 3.

- ☐ If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about the joint applicant.

- ☐ If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections, providing information Section 2 about the person on whose alimony, support, or maintenance payments or income or assets you are relying.

- ☐ If this statement related to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete Sections 1 and 3.

SECTION 1 - APPLICANT	
Name:	Social Security #:
Date of Birth:	No Dependents:
Home Address:	Ages:
Present Employer:	Business/Occupation:
Employer Address:	Employer's Phone:
Annual Salary	Position:
Home Phone:	Years There:
Cell Phone	E-Mail Address

SECTION 2 – CO-APPLICANT	
Name:	Social Security #:
Home Address:	Date of Birth:
Present Employer:	Employer's Phone:
Annual Salary:	Position:
Cell Phone	E-Mail Address

Reflect in this statement the financial condition of any co-applicant as well as your own financial condition.

OTHER INCOME - **Do you have regular income other than salaries described on page 1?**				
Source	Amount	How Often Paid	Reason for Income	Maturity

MONTHLY EXPENSES: (Other than described elsewhere on this form.)				
	Yes	No	Amount	How Often
Child Support				
Utilities				
Real Estate Taxes				
Insurance				
Other				

SECTION 3 – BALANCE SHEET

Assets	Amount (omit cents)	Liabilities	Amount (omit cents)
Cash in Banks (Sched 1A)		Notes Payable (Sched 5)	
Cash in Money Market Funds		Notes Payable to Banks-Unsecured (Sched 5)	
Bonus receivable (Due Dates)		Notes Payable to Banks-Secured (Sched 5)	
Other Receivables		Notes Payable to Others (Sched 5)	
Marketable Securities & Mutual Funds		Due to Brokers – Margin Accounts	
		Bills and Charge Cards Payable	
Stock Options (Net Value)		Contractual Tax Shelter Investments Due	
Cash Surrender Value of Life Insurance		Income Taxes Payable	
Retirement Accts (IRA, Keogh, 401-K)		Other Taxes Payable	
Non-Marketable Securities (Sched 2)		Loans Against Life Insurance	
Primary Residence (Sched 3)		Mortgage Balances Owed-Primary Residence	
Other Wholly Owned Real Estate (Sched		Other Wholly Owned Real Estate	
Limited Partnership Investments (Cost)		Partially Owned Real Estate	
Autos		Other Liabilities (List)	
Personal Property			
Business Net Worth (Provide Basis)			
Other Assets – List			
		Total Liabilities	$ -
		Net Worth	$ -
Total Assets	$ -	**Total Liabilities and Net Worth**	$ -

SCHEDULE 1 MARKETABLE SECURITIES AND MUTUAL FUNDS

Number of Shares or Face Value (Bonds)	Description	In Name Of	Are these Pledged?	Market Value

SCHEDULE 1A CASH IN BANKS

Name of Bank	Branch	Type of Account	Acct #	Balance

SCHEDULE 2 NON-MARKETABLE SECURITIES (NOT PUBLICLY TRADED)

Number of Shares or Face Value (Bonds)	Description	In Name Of	Are these Pledged?	Market Value

SCHEDULE 3 PRIMARY RESIDENCE AND REAL ESTATE OWNED

Address & Type of Property	Title in Name of	% of Ownership	Monthly Rental Income	Cost/Year Acquired	Present Market Value	Unpaid Mortgage Balance	To Whom Mortgage Payable	Monthly Mortgage Payment
				$				
				$				
				Yr.				
				$				
				Yr.				

SCHEDULE 4 LIMITED PARTNERSHIP INVESTMENTS

Name of Partnership	Type of Investment	% of Ownership	Date Acquired	Total Investment	Annual Cash Flow	Letter of Credit Or Note Due

SCHEDULE 5 NOTES PAYABLE

To Whom	Address	Name of Debtor	Collateral	Int. Rate	Maturity Date	Unpaid Balance

SCHEDULE 6 LIFE INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

CONTINGENT LIABILITIES:

Are you a cosigner, guarantor, or are otherwise partially obligated to make any payments on another person's behalf. ☐ Yes ☐ No
If yes, please list.

Who Obligated	Cosigner/Guarantor Other	For whom:	$	Maturity Date	Monthly Payments	Collateral

CREDIT REFERENCES: **(Give names of banks, finance companies, or the creditors (included credit card issuers) where credit has been obtained.)**					
Name	Address	Date Obtained	Name in which Account is Carried	Account No.	Credit Line
Have you ever gone through bankruptcy?				☐ Yes	☐ No
Have you had property foreclosed upon or made a settlement with creditors				☐ Yes	☐ No
Have you ever had a judgment against you?				☐ Yes	☐ No
Are any assets pledged or debts secured except as shown?				☐ Yes	☐ No
Are you a defendant in any suites or legal actions?				☐ Yes	☐ No
Previous three years Federal and State returns attached?				☐ Yes	☐ No
If no reason:					
Have you made a will?				☐ Yes	☐ No
If so, name of Executor:					
Are your city taxes and fees current?				☐ Yes	☐ No
If no, please explain:					

ACCOUNTANT INFORMATION:
Name:
Address:
Phone Number:

INSURANCE AGENT INFORMATION:
Name:
Address:
Phone Number:

ATTORNEY INFORMATION:
Name:
Address:
Phone Number:

I (or if more than one person signs this Statement, each of us) have given the information on this Statement in order to obtain or maintain credit with you either for myself or for another. If the credit is for another person or a firm or corporation, I will guarantee that debt. I understand that you will rely on all the information I have given you in this Statement when you decide whether to give or continue the credit. Everything that I have stated in this Statement is correct to the best of my knowledge. I will notify you if any of this information changes. You are authorized to check my credit and to verify the information I have given. You are authorized to answer questions about your credit experience with me. You are also authorized to share any credit information of any type, which you have or may receive, on me with another creditor if the other creditor is involved in the financial transaction, such as a creditor, which purchase or participates in any loan to me.

_____ _____

Date Your Signature

_____ _____

Date Co-applicant's Signature (if you are requesting the financial accommodation jointly)

I understand that under Federal Law, it is unlawful to knowingly make false statements in connection with an application for credit.