PERSONAL INFORMATION | CO-APPLICANT (NAME) APPLICANT (NAME) Employer Employer Business No. of Years with Employer Title/Position Phone No. Business Phone No. of Years with Employer Title/Position No.

PERSONAL FINANCIAL STATEMENT AS OF _____

19/GTETICSNA							
Name of previous employer & position (if with current employer less than 3 yrs.) No. of Yrs.			No. of Yrs.	Name of previous employer & position (if with current employer less than 3 yrs.) No. of Yrs.			
Home Address				Home Address			
Home Phone No.	Social Security No.	Date of Birth		Home Phone No.	Social Security No.	Date of Bir	th .
Name, Phone No. of you	ir Accountant			Name, Phone No. of your	Accountant		
Name, Phone No. of your Attorney			Name, Phone No. of your Attorney				
Name, Phone No. of your Investment Advisor/Broker				Name, Phone No. of your Investment Advisor/Broker			
Name, Phone No. of your Insurance Advisor				Name, Phone No. of your Insurance Advisor			
Cash Income &	Expenditures Stateme	nt For Year Er	nded	(Omit	cents)		
ANNUAL INCOME		AMOUN	NT (\$)	ANNUA	L EXPENDITURES	AMOUNT (\$)	
Salary (applicant)		\$		Federal Incom	e and Other Taxes	\$	
Salary (co-applicant)		_		State Income and Other Taxes		\$	
Bonuses & Commissions (applicant)				Rental Payments, Co-op, or Condo Maintenance			

ANNUAL INCOME	AMOUNT (\$)	ANNUAL EXPENDITURES	AMOUNT (3)
Salary (applicant)	\$	Federal Income and Other Taxes	\$
Salary (co-applicant)		State Income and Other Taxes	\$
Bonuses & Commissions (applicant)		Rental Payments, Co-op, or Condo Maintenance	
Bonuses & Commissions (co-applicant)		Mortgage Payments Residential Investment	2
Rental Income		Property Taxes Residential Investment	
Interest Income		Interest & Principal Payments on Loans	
Dividend Income	6-	Insurance	3
Capital Gains		Investments (including tax shelters)	
Partnership Income	63	Alimony/Child Support	
Other Investment Income	-	Tuition	
Other Income (List)**		Other Living Expenses	
		Medical Expenses	
		Other Expense (List)	
TOTAL INCOME >	\$	TOTAL EXPENDITURES >	\$