



R&D Finance, Inc.  
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## CONFIDENTIAL PERSONAL FINANCIAL STATEMENT

Name \_\_\_\_\_ Business/Employer \_\_\_\_\_  
 Address \_\_\_\_\_ Position or Occupation \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Home Phone \_\_\_\_\_

### SPOUSE'S INFORMATION (IF JOINT APPLICATION)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

To obtain credit from you, I submit the following statement of my financial condition as of \_\_\_\_\_, 20\_\_\_\_

| ASSETS SOLELY OWNED<br><small>(List only those assets to which you have sole legal title)</small> |    | LIABILITIES AND NET WORTH<br><small>(List all liabilities, joint or otherwise)</small> |    |
|---|----|--|----|
| Cash on hand  | \$ | Notes Payable to Banks (Schedule F)  | \$ |
| Cash in banks, See Schedule A   |    | Notes Payable to Others (Schedule F)   |    |
| US Government & Marketable Securities (Schedule B)  |    | Real Estate Mortgages Payable (Schedule D)   |    |
| Nonmarketable Securities (Schedule C)   |    | Accounts Payable   |    |
| Real Estate (Schedule D)  |    | Unpaid Income Taxes (Federal)  |    |
| Notes and Accounts Receivable   |    | Unpaid Income Taxes (State)  |    |
| Automobiles   |    | Loans on Life Insurance Policies (Sch E)   |    |
| Other Personal Property   |    | Other Liabilities  |    |
| Cash Value Life Insurance (Schedule E)  |    |  |    |
| Other Assets  |    |  |    |
|   |    | <b>TOTAL LIABILITIES</b>   | \$ |
|   |    | (All assets sole and joint, minus total liabilities)                                   |    |
|   |    | <b>NET WORTH</b>   | \$ |
| <b>TOTAL ASSETS (Sole)</b>  | \$ | <b>TOTAL LIABILITIES &amp; NET WORTH</b>   | \$ |

| ASSETS JOINTLY OWNED<br><small>(List all assets in which legal title is joint)</small> |    | SOURCES OF INCOME<br><small>For the year ended _____</small>                                    |    |
|--|----|---|----|
| Cash on hand   | \$ | Salary  | \$ |
| Cash in banks (Schedule A)   |    | Bonuses and Commissions   |    |
| US Government & Marketable Securities (Schedule B)                                     |    | Dividends   |    |
| Non-marketable Securities (Schedule C)   |    | Rental Income (net: expenses & debt service)  |    |
| Real Estate (Schedule D)   |    | Other Income:   |    |
| Notes and Accounts Receivable  |    | Alimony, Child Support, Separate Maintenance  |    |
| Automobiles  |    | (Need not be revealed if you do not wish to have it considered as a basis for obtaining credit) |    |
| Other Personal Property  |    |   |    |
| Cash Value Life Insurance (Schedule E)   |    | <b>TOTAL INCOME</b>   | \$ |
| Other Assets   |    |   |    |

| ASSETS JOINTLY OWNED<br><small>(List all assets in which legal title is joint)</small> |    | MONTHLY EXPENDITURES |    |
|--|----|----------------------|----|
|  |    | Mortgage/Rent        | \$ |
|  |    | Insurance            | \$ |
|  |    | Car Payments         | \$ |
|  |    | Installment Notes    | \$ |
| <b>TOTAL ASSETS (Joint)</b>  | \$ | Alimony              | \$ |

| CONTINGENT LIABILITIES             |    | GENERAL INFORMATION                              |  |
|------------------------------------|----|--|--|
| As endorser, co-maker or guarantor | \$ | Are any Assets Pledged? See Schedules            |  |
| On leases or contracts             | \$ | Have you executed a will?                        |  |
| Legal Claims                       | \$ | If so, Name of executor                          |  |
| Contested Income Tax Liens         | \$ | Are you a partner in any firm? (Schedule G)      |  |
| Other Special Debts                | \$ | Are you the defendant in any Suits/Legal Actions |  |
|                                    |    | Have you ever taken Bankruptcy                   |  |

**SCHEDULE A – BANK ACCOUNTS**

| Name and Address of Institution | Type of Account | Name on Account | Current Balance |
|---------------------------------|-----------------|-----------------|-----------------|
|                                 |                 |                 |                 |
|                                 |                 |                 |                 |
|                                 |                 |                 |                 |

**SCHEDULE B – US GOVERNMENT & MARKETABLE SECURITIES**

| Number of Shares or Face Value of Bonds | Description | In Name Of | Are these Registered, Pledged or Held by Others | Market Value |
|---|-------------|------------|---|--------------|
|   |             |            |   |              |
|   |             |            |   |              |
|   |             |            |   |              |

**SCHEDULE C - NON-MARKETABLE SECURITIES**

| Number of Shares | Description | In Name Of | Are these Registered, Pledged or Held by Others | Value | Source of Value |
|------------------|-------------|------------|---|-------|-----------------|
|                  |             |            |   |       |                 |
|                  |             |            |   |       |                 |
|                  |             |            |   |       |                 |

**SCHEDULE D – RESIDENCES & OTHER REAL ESTATE ( PARTIALLY OR WHOLLY OWNED)**

| Address & Type of Property | Title in Name of | % of Ownership | Date Acquired | Cost | Market Value | Monthly Payment | Mortgage Amount | Mortgage Maturity |
|----------------------------|------------------|----------------|---------------|------|--------------|-----------------|-----------------|-------------------|
|                            |                  |                |               |      |              |                 |                 |                   |
|                            |                  |                |               |      |              |                 |                 |                   |
|                            |                  |                |               |      |              |                 |                 |                   |

**SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE**

| Name of Insurance Carrier | Owner of Policy | Beneficiary and Relationship | Face Amount | Policy Leans | Cash Surrender Value |
|---------------------------|-----------------|------------------------------|-------------|--------------|----------------------|
|                           |                 |                              |             |              |                      |
|                           |                 |                              |             |              |                      |
|                           |                 |                              |             |              |                      |

**SCHEDULE F – BANK & OTHER INSTITUTIONAL RELATIONSHIPS**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**SCHEDULE G – BUSINESS VENTURES**

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

The information contained in this statement is provided to induce you to extend or to continue to extend credit to the undersigned or to others upon the guarantee 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 guarantee 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 of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. 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 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 \_\_\_\_\_ 20\_\_\_\_ Date of Birth \_\_\_\_\_

Signature (other party) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_  
 Date signed \_\_\_\_\_ 20\_\_\_\_ Date of Birth \_\_\_\_\_