

**CONSTRUCTION BONDS, INC.**

A Division of Murray Risk Management And Insurance  
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**PERSONAL FINANCIAL STATEMENT**

[www.nasbp.org/toolkit](http://www.nasbp.org/toolkit)



Date Prepared:

**SECTION 1: PERSONAL INFORMATION**

Full Name: _____	Date of Birth: _____	SSN: _____
Spouse Name: _____	Date of Birth: _____	SSN: _____
Address: _____	Business Name: _____	
City, State, Zip: _____	Home Phone: _____	Alt. Phone: _____

**\*\*\* NOTE: Complete Schedules A-H prior to completing Section 2. \*\*\***

**SECTION 2: STATEMENT OF FINANCIAL CONDITION AS OF**

Assets: (Do not include assets of doubtful value)	In Dollars (omit cents)	Liabilities:	In Dollars (omit cents)
Cash in Primary Bank: (checking & savings)	\$ _____	Unsecured Debt: (Sch. G)	\$ _____
Cash & CD's in Other Banks: (Sch. A)	\$ _____	Current Bills Due:	\$ _____
Stock Bonds & Marketable Securities: (Sch. B)	\$ _____	Real Estate Mortgages: (Sch. C)	\$ _____
Real Estate Owned: (Sch. C)	\$ _____	Secured Debt (Sch. H):	\$ _____
Cash Surrender: (Sch. D)	\$ _____	(other than real estate)	\$ _____
Business Ventures: (Sch. E)	\$ _____	Taxes Payable:	\$ _____
Notes Receivable: (Sch. F)	\$ _____	Other Debts & Liabilities: (specify)	\$ _____
Personal Property: (jewelery, coins, collections, etc.)	\$ _____	_____	\$ _____
Automobiles, RV's, Boats:	\$ _____	_____	\$ _____
Other Assets: (specify)	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
<b>TOTAL ASSETS:</b>	<b>\$ _____</b>	<b>TOTAL LIABILITIES:</b>	<b>\$ _____</b>
		<b>TOTAL NET WORTH:</b>	<b>\$ _____</b>
		<b>TOTAL LIABILITIES &amp; NET WORTH:</b>	<b>\$ _____</b>

Do you have a will?  Yes  No

Have you ever declared bankruptcy?  Yes  No

Accountant Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you have any...** If "yes" to any questions, describe:

contingent liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount:	_____
involvement in pending legal actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount:	_____
other special circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount:	_____
contested income tax liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Est. Amount:	_____

**SCHEDULE A: CASH AND CD'S IN OTHER BANKS**

Description:	Name of Institution:	In Name of:	Pledged or Held by Others?	Value:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SCHEDULE B: STOCKS, BONDS, MARKETABLE SECURITIES**

**BROKERAGE ACCOUNTS**

Name of Brokerage:	In Name of:	Pledged or Held by:	Cost:	Market Value:

**INDIVIDUAL SECURITIES NOT INCLUDED ABOVE (INCLUDE IRA AND 401K ACCOUNTS)**

# of Shares or Face Value:	Individual Securities:	In Name of:	Pledged or Held by:	Cost:	Market Value:	Retirement Account:
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

**SCHEDULE C: RESIDENCE AND OTHER REAL ESTATE**

Address and Type of Property:	Title in Name of:	Percentage Owned:	Year Acquired:	Cost:	Market Value:	Monthly Payment:	Mortgage Balance:	Maturity Year:

**SCHEDULE D: LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE**

Name of Insurance Company:	Owner of Policy:	Name of Insured:	Beneficiary and Relationship:	Face Amount:	Policy Loans:	Cash Surrender:

**SCHEDULE E: BUSINESS VENTURES AND OTHER ASSETS**

Name of Business:	Type of Business:	Years in Business:	Net Worth:	Percentage Owned:	Value of your Ownership Interest:
					\$ -
					\$ -
					\$ -
					\$ -

**SCHEDULE F: NOTES RECEIVABLE**

Due From:	Due Date:	Description	Monthly Payment:	Total Amount:

**SCHEDULE G: UNSECURED DEBT (CREDIT CARDS, ETC.)**

Name of Creditor:	Description of Debt:	Describe:	Monthly Payment:	Amount Owed:
<b>Total of All Credit Cards</b>		<b>Various credit card debt</b>		

**SCHEDULE H: SECURED DEBT (HELOC, VEHICLES, ETC.)**

Name of Creditor:	Original Loan/Line Amount:	Date of Loan:	Maturity Date:	Unsecured or Secured (List Collateral)	Monthly Payment:	Amount Owed:

This information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the surety 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 surety 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 accuracy of 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 (applicant) \_\_\_\_\_

Date signed \_\_\_\_\_

Signature (co-applicant) \_\_\_\_\_

Date signed \_\_\_\_\_