



**GREATER MILWAUKEE FOUNDATION
 PERSONAL FINANCIAL STATEMENT**

As of _____, _____

Name	Business Phone
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Home Address	Home Phone
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City, State, & Zip Code

Business Name of Applicant

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on Hand & in banks\$ _____	Accounts Payable.....\$ _____
Savings Accounts\$ _____	Notes Payable to Banks and Others\$ _____ (Describe in Section 2)
IRA or Other Retirement Account\$ _____ (Describe in Section 5)	Installment Account (Auto)\$ _____ Mo. Payments \$ _____
Accounts & Notes Receivable.....\$ _____ (Describe in Section 5)	Installment Account (Other).....\$ _____ Mo. Payments \$ _____
Life Insurance – Cash Surrender Value Only.....\$ _____ (Describe in Section 8)	Loan(s) Against Life Insurance.....\$ _____
Stocks and Bonds.....\$ _____ (Describe in Section 3)	Mortgages on Real Estate.....\$ _____ (Describe in Section 4)
Real Estate\$ _____ (Describe in Section 4)	Unpaid Taxes\$ _____ (Describe in Section 6)
Automobiles.....\$ _____ (Describe in Section 5, and include Year/Make/Model)	Other Liabilities\$ _____ (Describe in Section 7)
Other Personal Property\$ _____ (Describe in Section 5)	Total Liabilities\$ _____
Other Assets\$ _____ (Describe in Section 5)	Net Worth.....\$ _____
Total \$ _____	Total \$ _____ *Must equal total in assets column.

Section 1. Source of Income.	Contingent Liabilities
Salary\$ _____	As Endorser or Co-Maker\$ _____
Net Investment Income.....\$ _____	Legal Claims & Judgments.....\$ _____
Real Estate Income.....\$ _____	Provision for Federal Income Tax.....\$ _____
Other Income (Describe below)*\$ _____	Other Special Debt\$ _____

Description of Other Income in Section 1.

*Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Names and Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and, if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and, if delinquent, describe delinquency.)

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Section 6. Unpaid Taxes. (Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

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Section 7. Other Liabilities. (Describe in detail.)

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Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and Beneficiaries.)

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I authorize the Greater Milwaukee Foundation/Lender/to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that the Greater Milwaukee Foundation will rely on this information when making decisions regarding an application for a loan.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____