Avid Commercial

PERSONAL FINANCIAL STATEMENT

As of: _____

Name: _____ Business Phone: _____

Residence Address: _____ Residence Phone: _____

City, State & Zip Code: _____

Name of Employer: _____

ASSETS		LIABILITIES	
Cash on Hand & in Banks		Accounts & Notes Payable (Section 2)	
Savings Accounts		Auto Loans	
IRA or Other Retirement Account		Other Installment Loans	
Accounts & Notes Receivable		Loan on Life Insurance	
Cash Value of Life Insurance (Section 8)		Mortgages on Real Estate	
Stocks & Bonds (Section 3)		Unpaid Taxes (Section 6)	
Real Estate (Section 4)		Credit Cards	
Automobiles		Other Liabilities (Section 7)	
Other Assets (Section 5)		**Total Liabilities**	
Total Assets		**Net Worth**	
Section 1: Sources 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

Section 2: Accounts & Notes Payable

Name of Noteholder	Original Balance	Current Balance	Payment Amount	Payment Frequency	Type of Collateral

Section 3: Stocks & Bonds					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4: Real Estate Owned			
	Property A	Property B	Property C
Property Type			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name of Lender			
Mortgage Balance			
Monthly Payment			
Annual Rental Income			
Status of Mortgage			

Section 5: Other Assets

Section 6: Unpaid Taxes

Section 7: Other Liabilities

Section 8: Life Insurance Held

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

Signature: _____ Date: _____

Signature: _____ Date: _____