

PERSONAL FINANCIAL STATEMENT

Effective Date:

Name(s):

Home Address:

Email Address:

Home Telephone No: Office Telephone No:

ASSETS	
Cash on Hand & in Banks (Sch. A)	<input type="text"/>
U.S. Government Securities (Sch. B)	<input type="text"/>
Other Securities - Listed (Sch. B)	<input type="text"/>
Other Securities - Unlisted (Sch. B)	<input type="text"/>
Other Equity Interests (Sch. B)	<input type="text"/>
Accounts & Notes Receivable	<input type="text"/>
Real Estate Owned (Sch. C)	<input type="text"/>
Mortgages & Land Contracts	<input type="text"/>
Receivable (Sch. D)	<input type="text"/>
Life Insurance (Cash Value) (Sch. E)	<input type="text"/>
Other Assets (itemize)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
TOTAL ASSETS	0

LIABILITIES	
Notes Payable - Banks (Sch. A)	<input type="text"/>
Notes Payable - Non-Banks (Sch. A)	<input type="text"/>
Notes Payable - Relatives	<input type="text"/>
Notes Payable - Others	<input type="text"/>
Accounts & Bills Due	<input type="text"/>
Unpaid Taxes	<input type="text"/>
Real Estate Mortgages Payable (Sch. C)	<input type="text"/>
Life Insurance Loans (Sch. E)	<input type="text"/>
Other Liabilities (itemize)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
TOTAL LIABILITIES	0
NET WORTH	0

INCOME	
Salary	<input type="text"/>
Bonus & Commissions	<input type="text"/>
Dividends	<input type="text"/>
Interest	<input type="text"/>
Real Estate Rents	<input type="text"/>
Alimony	<input type="text"/>
Child Support	<input type="text"/>
Other Income (itemize)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
TOTAL INCOME	0

GENERAL INFORMATION	
Employer	<input type="text"/>
Position/Profession	<input type="text"/>
# of Years	<input type="text"/>
Employer's Address	<input type="text"/>
Employer's Phone #	<input type="text"/>
Partner/Owner in any other venture?	NO YES <input type="checkbox"/> <input type="checkbox"/>
(If so, explain in separate sheet of paper)	
Are any Business Assets pledged?	<input type="checkbox"/> <input type="checkbox"/>
(If so, explain in Sch. A)	
Are you a defendant in any legal action?	<input type="checkbox"/> <input type="checkbox"/>
(If so, explain in separate sheet of paper)	
Have you ever filed for bankruptcy?	<input type="checkbox"/> <input type="checkbox"/>
If so When Filed?	<input type="text"/>
When Discharged?	<input type="text"/>
Do you have a will?	<input type="checkbox"/> <input type="checkbox"/>
Do you have a trust?	<input type="checkbox"/> <input type="checkbox"/>
Income Taxes settled through (date)	<input type="text"/>
Number of Dependents	<input type="text"/> Ages <input type="text"/>

CONTINGENT LIABILITIES	
As endorser, guarantor or co-maker	<input type="text"/>
On Leases	<input type="text"/>
Legal Claims	<input type="text"/>
Provision for Federal Income Taxes	<input type="text"/>
Other special liabilities (itemize)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

PERSONAL FINANCIAL STATEMENT (continued)

Name(s):

SCHEDULE A: Banks, Brokers, Savings & Loans, Finance companies and Credit Unions						
Name of Institution	Name On Account	Balance on Deposit	High Credit	Amount Owing	Monthly Payment	Secured by What Asset
TOTAL		0	TOTAL		0	

SCHEDULE B: U.S. Government Securities, Stocks (Listed & Unlisted), Bonds, & Partnership Interests (General & Limited)						
Number of Shares, Face Value (Bonds) or % of Ownership	Indicate: 1. Agency or Name of company issuing security or Partnership name 2. Type of investment or equity classification 3. Basis of valuation	Name of	Market Value *	Pledged		
				NO	YES	
TOTAL			0			

* If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

SCHEDULE C: Real Estate Owned (and related debt if applicable)							
Description of Property or Address	Name of Title Holder	Date Acquired	Cost + Improvements	Present Market Value	Mortgage or Land Contract Payable		
					Balance Owed	Mo. Payt.	Holder
TOTAL			0	0	0	0	

SCHEDULE D: Real Estate: Mortgages & Land Contracts Receivable (and related debt if applicable)							
Description of Property or Address	Name of Title Holder	Date Acquired	Balance Receivable	Monthly Payment	Mortgage or Land Contract Receivable		
					Balance Owed	Mo. Payt.	Holder
TOTAL			0	0	0	0	

SCHEDULE E: Life Insurance Carried				
Name of Company	Face Amount	Cash Surrender Value	Outstanding Loans	Beneficiary
TOTAL	0	0	0	

PERSONAL FINANCIAL STATEMENT (continued)

Name(s):

I/We have carefully read and submitted the foregoing information provided on all three pages of this statement to WinCreek. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of maintaining and obtaining credit through WinCreek. I/We agree that if any material change(s) occur(s) in my/our financial condition that I/We will immediately notify WinCreek of said change(s) and unless WinCreek is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/We authorize WinCreek to make whatever credit inquiries it deems necessary in connection with this financial statement. I/We authorize any person or consumer reporting agency to furnish to WinCreek any information that it may have or obtain in response to such credit inquiries.

I/We also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so

I/We fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make false and misleading statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Applicant's Signature _____	Date Signed <input type="text"/>	Social Security No. <input type="text"/>	Date of Birth <input type="text"/>
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Spouse or Co- Applicant's Signature _____	Date Signed <input type="text"/>	Social Security No. <input type="text"/>	Date of Birth <input type="text"/>
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Please print this form and complete the information. Fax completed form to 703-827-7033 or scan and email to contact@wincreek.com.