



## PERSONAL FINANCIAL STATEMENT

### SECTION I: GENERAL INFORMATION

Please check appropriate box:

- Individual Credit** – If relying on your own income and assets and not the income and assets of a spouse or another person as a basis for extension or repayment of credit, complete the Financial Statement below only as it applies to you, individually. Do not provide any jointly-held information (income, assets or liabilities) about a spouse or another person. Sign the Financial Statement.
- Joint Credit** – If applying for joint credit or for individual credit relying on income or assets of a spouse or another person for extension and repayment of credit requested, complete the Financial Statement below. Include information about income, assets and liabilities of the spouse or other person. Both Applicant and Spouse or Co-Applicant must sign this Statement.

Please do not leave any questions unanswered. Use “no” or “none” where necessary.

### SECTION II: ASSETS & LIABILITIES AND NET WORTH

ASSETS	<i>In Even Dollars</i>	LIABILITIES AND NET WORTH	<i>In Even Dollars</i>
1. Cash on hand and in Banks—See Schedule A	\$	11. Notes Payable: This Bank—See Schedule A	\$
2. U.S. Government Securities—See Schedule B		12. Notes Payable: Other Institutions—See Schedule A	
3. Listed Securities—See Schedule B		13. Notes Payable—Relatives	
4. Unlisted Securities—See Schedule B		14. Notes Payable—Others	
5. Other Equity Interests—See Schedule B		15. Accounts and Bills Due	
6. Accounts and Notes Receivable		16. Unpaid Taxes	
7. Real Estate Owned—See Schedule C		17. Real Estate Mortgages Payable— See Schedule C or D	
8. Mortgages and Land Contracts Receivable— See Schedule D		18. Land Contracts Payable—See Schedule C or D	
9. Cash Value Life Insurance—See Schedule E		19. Life Insurance Loans—See Schedule E	
10. Other Assets: Itemize		20. Other Liabilities: Itemize	
		<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH</b>	<b>\$</b>
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>\$</b>

### SECTION III: SOURCES OF INCOME

SOURCES OF INCOME	<i>In Even Dollars</i>	
1. Salary	\$	6. *Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under: <input type="checkbox"/> court order <input type="checkbox"/> written agreement <input type="checkbox"/> oral understanding
2. Bonus and Commissions		
3. Dividends		
4. Real Estate Income		7. Do you anticipate any substantial inheritances? <input type="checkbox"/> No <input type="checkbox"/> Yes
5. *Other Income: Itemize		8. If yes, please explain:
<b>TOTAL</b>	<b>\$</b>	

**Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions.**  
 List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

<i>Name of Institution</i>	<i>Name on Account</i>	<i>Balance on Deposit</i>	<i>High Credit</i>	<i>Amount Owning</i>	<i>Monthly Payment</i>	<i>Secured by What Assets</i>
<b>TOTAL:</b>			<b>TOTAL:</b>			

**Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)**

<i>Number of: Shares, Face Value (Bonds), or % of Ownership</i>	<i>Indicate: 1. Agency or name of company issuing security or name of partnership 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation*</i>	<i>In Name of</i>	<i>*Market Value</i>	<i>Pledged</i>
				<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
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>TOTAL:</b>				

*\*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	Title in Name of	Date Acquired	Cost + Improvements	Present Market Value	Mortgage or Land Contract Payable		
					Bal. Owing	Mo. Pmt.	Holder
<b>TOTAL:</b>							

Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)							
Property Address	Legal Owner	Year Acquired	Purchase Price	Market Value	Loan Balance	Mo. Pmt.	Lender
<b>TOTAL:</b>							

Schedule E: Life Insurance Carried				
Name of Company	Face Amount	Cash Surrender Value	Amount Borrowed	Beneficiary
<b>TOTAL:</b>				

**SECTION IV: CERTIFICATION**

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the Pennsylvania Industrial Development Authority. 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 obtaining and maintaining credit with the Authority. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify the Authority of said change(s) and unless the Authority 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 the Authority to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer-reporting agency to furnish to the Authority 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" please state.**

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

1. APPLICANT'S SIGNATURE:	2. DATE SIGNED:	3. SOCIAL SECURITY #:	4. DATE OF BIRTH:
5. SPOUSE'S OR CO-APPLICANT'S SIGNATURE:	6. DATE SIGNED:	7. SOCIAL SECURITY #:	8. DATE OF BIRTH:
9. YOUR HOME ADDRESS			
10. CITY:		11. STATE:	12. ZIP:
13. HOME PHONE NUMBER:	14. HOME EMAIL:		
15. YOUR ACCOUNTANT'S NAME:	16. ACCOUNTANT'S PHONE NUMBER:		
17. YOUR ATTORNEY'S NAME:	18. ATTORNEY'S PHONE NUMBER:		