



# personal financial statement

Complete this form for (1) each proprietor, or (2) each limited partner who owns 20 percent or more interest and each general partner, or (3) each stockholder owning 20 percent or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name		Date
Residence Address		
City	State	Zip
Business Phone	Residence Phone	Business Name of Applicant/Borrower

## assets

	\$ amount (omit cents)
Cash on Hand & in Banks	
Savings Account	
IRA or Other Retirement Account	
Accounts & Notes Receivable	
Life Insurance (cash surrender value only)	
Stocks & Bonds (complete section 3)	
Real Estate (complete section 4)	
Automobile (present value)	
Other Assets (complete section 5)	
<b>Total</b>	

## liabilities

	\$ amount (omit cents)
Accounts Payable	
Notes Payable to Banks and Others	
Installment Account (auto)	
Monthly Payments \$ _____	
Installment Account (other)	
Monthly Payments \$ _____	
Loan on Life Insurance	
Mortgages on Real Estate	
Unpaid Taxes	
Other Liabilities	
Total Liabilities	
Net Worth	
<b>Total</b>	

## section 1 income and contingent liabilities

### source of income

	\$ amount (omit cents)
Salary	
Net Investment Income	
Real Estate Income	
Other Income (describe below)*	
<b>Total</b>	

### contingent liabilities

	\$ amount (omit cents)
As Endorser or Co-Maker	
Legal Claims & Judgements	
Provision for Federal Income Tax	
Other Special Debt	
<b>Total</b>	

Description of other income stated above (\*Alimony or child support payments need 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 a part of this statement and signed.

name and address 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 a 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 attachments if necessary. Each attachment must be identified as a part of this statement and signed.

	property a	property b	property c
Type of Property			
Name & Address of Title Holder			
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.

### 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.

### section 7 other liabilities

Describe in detail.

### section 8 life insurance held

Give the face amount and cash surrender value of policies, along with the name of the insurance company and beneficiaries.

### signature(s)

I authorize Colorado Housing Finance Authority (lender) to make inquiries as necessary to verify the accuracy of the information provided in this personal financial statement, including procuring my personal consumer credit report(s), to determine my credit worthiness. I certify the information provided 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	Signature
SSN	SSN
Date	Date

With respect to its programs, services, activities, and employment practices, Colorado Housing and Finance Authority does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, or any other protected classification under federal, state, or local law. Requests for reasonable accommodation, the provision of auxiliary aids, or any complaints alleging violation of this nondiscrimination policy should be directed to the Nondiscrimination Coordinator, 1.800.877.2432, TDD/TTY 303.297.7305, CHFA 1981 Blake Street, Denver CO 80202-1272, available weekdays 8:00am to 5:00pm.