



# Department of Economic and Community Development

## Personal Financial Statement



As of \_\_\_\_\_, 20\_\_\_\_

**Applicant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Co-Applicant**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Borrower/Company Name: \_\_\_\_\_

**Balance Sheet**

**Assets**

Checking/Savings Accounts (Section 1)     \$ \_\_\_\_\_  
 Marketable Securities (Section 2)            \_\_\_\_\_  
 Non-Marketable Securities (Section 3)       \_\_\_\_\_  
 Pension/IRA                                        \_\_\_\_\_  
 CSV Life Insurance (Section 4)                \_\_\_\_\_  
 Real Estate—Wholly Owned (Section 5)      \_\_\_\_\_  
 Real Estate—Partially Owned (Section 6)    \_\_\_\_\_  
 Personal Property (Section 7)                \_\_\_\_\_  
 Other Assets (Section 8)                        \_\_\_\_\_  
**Total Assets**                                    \$ \_\_\_\_\_

**Liabilities**

Bank Loans (Section 9)                         \$ \_\_\_\_\_  
 Notes Payable to Others (Section 10)       \_\_\_\_\_  
 Accounts & Bills Due                            \_\_\_\_\_  
 Credit Cards                                        \_\_\_\_\_  
 Mortgages                                         \_\_\_\_\_  
 Unpaid Taxes (Section 11)                    \_\_\_\_\_  
 Other Liabilities (Section 12)                \_\_\_\_\_  
 Total Liabilities                                 \_\_\_\_\_  
 Net Worth                                         \_\_\_\_\_  
**Total Liabilities & New Worth**         \$ \_\_\_\_\_

**Annual Income and Expenses**     For Year Ending \_\_\_\_\_

<b><u>Annual Income</u></b>	<b><u>Annual Expenses</u></b>	<b><u>Contingent Liabilities</u></b>	<b><u>If Yes, Amount</u></b>
Salary                             \$ _____	Mortgage/Rental Payment     \$ _____	Contingent Liab.: Yes___ No___	_____
Commission/Bonuses        _____	State, Fed., Local Taxes            _____	Pending Litigation: Yes___ No___	_____
Dividend/Interest Income    _____	Insurance Premiums            _____	Special Debts: Yes___ No___	_____
Accts. & Notes Rec.            _____	Other Loans, Credit Cards        _____	Tax Liens: Yes___ No___	_____
Rental Income                _____	Alimony, Child Support            _____	Guarantor: Yes___ No___	_____
Other Income                 _____	Other Expenses (tuition, misc.)    _____	Other Liabilities: Yes___ No___	_____
<b>Total Income</b> \$ _____	<b>Total Expenses</b> \$ _____	<b>Total Contingent Liab.</b>	<b>\$ _____</b>

**Section 1. – Checking/Saving/Certificates of Deposits**

Name of Account	Type	Bank	Maturity	Amount

**Section 2. – Marketable Securities**

Number of Shares/Bonds	Name of Security	Market Value	As of

**Section 3. – Non-Marketable Securities**

Number of Shares/Bonds	Name of Security	Market Value	As of

**Section 4. – Life Insurance**

Company	Beneficiary	Face Value	Cash Surrender Value

**Section 5. – Real Estate Wholly Owned**

Description & Location	Date Acquired	Title in Name of	Purchase Price	Mortgage Holder	Market Value	Monthly Payments	Mortgage Balance

**Section 6. – Real Estate Partially Owned**

Description & Location	Date Acquired	Title in Name of	Purchase Price	Mortgage Holder	Market Value	Monthly Payments	Mortgage Balance

**Section 7. – Personal Assets (Please describe)**

**Section 8. – Other Assets (Please describe)**

**Section 9. – Bank Loans**

Lender	Amount of Loan		Monthly Pmt.	Maturity	Security for Loan
	Original Bal.	Present Bal.			

**Section 10. – Notes Payable to Others**

Lender	Amount of Loan		Monthly Pmt.	Maturity	Security for Loan
	Original Bal.	Present Bal.			

**Section 11. - Unpaid Taxes**

	Type	Amount	Past Due	Payment Terms
Federal				
State				
Local				

---

**Section 12. – Other Liabilities (Please Describe)**

**Certification**

I hereby represent that to the best of my knowledge and belief no information or data contained in this Personal Financial Statement (“PFS”) or in the attachments are in any way false or incorrect and that no material information has been omitted. The undersigned agrees that banks, credit agencies, creditors, and other references are hereby authorized now, or anytime in the future, to give the Department of Economic and Community Development any and all information in connection with matters referred in this PFS, including information concerning the payment of taxes by the applicant.

Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

---

**Return to:**

C/O \_\_\_\_\_  
**CT DEPARTMENT OF AGRICULTURE**  
**165 Capitol Avenue**  
**Hartford, CT 06106**  
Phone: (860) 713-2503  
Fax: (860) 713-2516

---

**Instructions**

If there is not sufficient room on this form to describe all assets you own or liabilities you owe, please attach additional sheets. Please identify additional sheets as supplemental to this statement.

**Page One**

**Social Security Number** – Required for yourself and your spouse, if filing a joint personal financial statement.

**Balance Sheet**

**Marketable Securities** – List the current market value of all publicly traded stocks and bonds, i.e. listed on the New York or American Stock Exchanges, NASDAQ or otherwise published in the press. Please describe in Section 2.

**Non-Listed Securities** – Use this section to list the value of any closely held firms you own, as well as any other stocks and bonds whose values are not published in the press. Describe in Section 3.

**CSV Life Insurance** – In preparing the balance sheet, please enter only the Cash Surrender Value (CSV) of all life insurance policies. In section 4 list both the CSV and the full amount (Face Value) of all life insurance policies.

**Real Estate** – List the current market value of all real estate. If partially owned, please list on the balance sheet the value of your percentage interest. Please describe in Section 5.

**Accounts Payable** – Total of Regular bills for the year (i.e. utilities, phone, auto/home insurance).

**Mortgage, Notes, Credit Cards, and Other Liabilities Payable** – Please show principal balance you owe not monthly payment.

**Net Worth** – Total assets minus total liabilities. Totals on both sides must be equal.