



**CONFIDENTIAL PERSONAL
FINANCIAL STATEMENT**

If there are any questions or concerns, please contact us:

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INDIVIDUAL 1 Information		INDIVIDUAL 2 Information	
Name: _____		Name: _____	
Address: _____ Yrs at Addr: ____		Address: _____ Yrs at Addr: ____	
City, State, Zip: _____		City, State, Zip: _____	
SS#: ____-____-____ DOB: ____/____/____		SS#: ____-____-____ DOB: ____/____/____	
DL#: _____		DL#: _____	
Issue Date: _____ Exp Date: _____		Issue Date: _____ Exp Date: _____	
Employer: _____ Yrs at Empl: ____		Employer: _____ Yrs at Empl: ____	
Phone #: ____-____-____ Home / Work / Cell		Phone #: ____-____-____ Home / Work / Cell	
Phone2 # ____-____-____ Home / Work / Cell		Phone2 # ____-____-____ Home / Work / Cell	
Email: _____		Email: _____	
Children's names/DOB (if applicable): _____ _____		Children's names/DOB (if applicable): _____ _____	
Annual Income (Individual 1)	Dollars	Annual Income (Individual 2)	Dollars
Salary / Wages		Salary / Wages	
Bonuses and Commissions		Bonuses and Commissions	
Interest and Dividends		Interest and Dividends	
Real Estate Income		Real Estate Income	
Rental Income		Rental Income	
Other Income (List Below)		Other Income (List Below)	
Other Expenses (List Below)		Other Expenses (List Below)	
Alimony/ Child Support		Alimony/ Child Support	
Annual Home Rental		Annual Home Rental	
GROSS INCOME:		GROSS INCOME:	
CASH ON HAND, in BANKS and CDs			

Name of Deposit Institution	In Name of	Account Type	Amount	Rate of Interest Earned
Total				

<input type="checkbox"/> NONE IRAs & OTHER RETIREMENT ACCOUNTS including 401k, 457b, 403b, IRA, Roth IRA				Employee Contribution	Employer Match
Institution	Owner's Name	Current Balance	Loans (if any)	Percent	Formula (i.e. \$0.50 for \$1.00 ee)
Totals					

<input type="checkbox"/> NONE OTHER INVESTMENT ACCOUNTS including taxable brokerage, 529, UTMA/UGMA, etc					
Institution	Owner's Name	Current Balance	Beneficiary	Holdings	Goal
Totals					

<input type="checkbox"/> NONE PARTNERSHIPS & CLOSELY HELD CORPORATIONS					
Entity Name	Business Function	Loan Amount	%		Value
			Owned		
Totals					

<input type="checkbox"/> NONE LIFE INSURANCE & ANNUITIES									
Name of Insurance Company	Policy Owner	Beneficiary Name	Face Amount Value	Cash Surrender Value	Policy Loans	Net Cash Value	Premium Amount Qtrly/Yrly	Assigned Y/N	Date of Issue
TOTALS									

<input type="checkbox"/> NONE DISABILITY INSURANCE									
Insurance Company	Policy Owner	Definition of Disability	Monthly Benefit	Waiting Period	Policy Term	Issue Date	Premium Amount	Qtrly or Yrly	

<input type="checkbox"/> NONE LONG TERM CARE INSURANCE									
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Insurance Company	Policy Owner	Annual or monthly Reimbursement	Daily Limit	Waiting Period	Issue Date	Premium Amount Qtrly/Yrly	Years of Payout or Lifetime

<input type="checkbox"/> NONE		REAL ESTATE—PRIMARY RESIDENCE & INVESTMENTS			
Property Type: SF= Single Family, MF= Multiple Family, C= Commercial, L= Land/Acreage					
Property Type:	Residence <input type="checkbox"/> SF <input type="checkbox"/> MF	<input type="checkbox"/> Vacation <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> Rental <input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> Vacation <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> Rental <input type="checkbox"/> C <input type="checkbox"/> L
Ownership %:	%	%	%	%	%
Title in Name of:					
Co-owned with Spouse?	<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
Property Address:					
City, State, Zip:					
Year Acquired:					
Cost:					
Market Value:					
1 st Mortgage Balance:					
Mortgage Holder:					
Loan term (i.e. 15 yr)					
Interest Rate of loan					
Monthly Payment					
2 nd Mortgage Balance:					
Mortgage Holder:					
Monthly Rent Received:					
Monthly Payment:					
Interest Rate of loan					
Loan term (i.e. 15 yr)					

Additional	REAL ESTATE & INVESTMENTS				
Property Type:	Residence <input type="checkbox"/> SF <input type="checkbox"/> MF	<input type="checkbox"/> Vacation <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> Rental <input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> Vacation <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> Rental <input type="checkbox"/> C <input type="checkbox"/> L
Ownership %:	%	%	%	%	%

Title in Name of:			
Co-owned with Spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Address:			
City, State, Zip:			
Year Acquired:			
Cost:			
Market Value:			
1 st Mortgage Balance:			
Mortgage Holder:			
Monthly Payment			
Interest Rate of loan			
Loan term (i.e. 15 yr)			
2 nd Mortgage Balance:			
Mortgage Holder:			
Monthly Rent Received:			
Monthly Payment:			
Interest Rate of loan			
Loan term (i.e. 15 yr)			

<input type="checkbox"/> NONE		AUTOMOBILES, BOATS & RECREATIONAL VEHICLES						
Year	Type	Model	Title to (Name)	Value	Lien Holder	Loan Balance	Interest Rate	Payment
Totals								

<input type="checkbox"/> NONE		OTHER PERSONAL PROPERTY & ASSETS (Including Notes & Loans Receivables)					
Description	Original Amount	Present Value	Loan Type	Monthly Payment	Loan Balance	Maturity Date	Interest Rate
Totals							

<input type="checkbox"/> NONE	CREDIT CARDS						
Owner Name & Account Number	Name of Card	Present Balance	Minimum Payment	Actual Payment	Estimated Payoff date	Interest Rate	

Totals							
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<input type="checkbox"/> NONE	NOTES, & LOANS PAYABLE (i.e. HELOC)						
Owning to & Account Number	Original Amount	Present Balance	Loan Type	Monthly Payment	Interest Rate	Secured By	Maturity Date

Totals							
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<input type="checkbox"/> NONE	STUDENT LOANS PAYABLE						
Owning to & Account Number	Original Amount	Present Balance	Consolidated Yes / No	Monthly Payment	Interest Rate	Federal or Private	Repayment Plan

Totals							
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<input type="checkbox"/> NONE	UNPAID TAXES & INTEREST				
Taxes Owed To	Original Amount	Present Balance	Tax Year	Monthly Payment	
IRS					
State					

Local municipality				
Totals				

BALANCE SHEET (From Itemized Schedules)			
Totals from the itemized Schedules must be inserted in the applicable spaces in the Balance Sheet			
Assets	Dollars	Liabilities	Dollars
Cash on Hand /in Banks		Mortgage Payable—Primary	
IRAs and other Retirement Accts		Home Equity Lines	
Partnerships & Closely Held Corps		Mortgages/Real Estate Investments	
Life Insurance and Annuities			
Disability Insurance		Credit cards total outstanding balances	
Long Term Care Insurance			
Real Estate – Primary Residence		Accounts, Notes, & Loans Payable	
Real Estate—Investment properties		Unpaid Taxes & Interest	
Autos, Boats & RVs		Loans for Autos, Boats, RVs	
Other Personal Property		TOTAL LIABILITIES:	
TOTAL ASSETS:		PERSONAL NET WORTH:	

CONTINGENT LIABILITIES		
If yes to any of the below, provide data on additional sheets.	YES	NO
Are you a guarantor, co-maker or endorser for any debt of an individual, corporation, or partnership?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any suits or legal actions pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
Are you contingently liable on any lease or contract?	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a Will? If yes, list date of will and executor:	<input type="checkbox"/>	<input type="checkbox"/>
Are any assets held in a trust?	<input type="checkbox"/>	<input type="checkbox"/>
Have (either of) you or any firm in which you were a major owner ever declared bankruptcy.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details:		
Income tax returns filed through what date?		

VERIFICATION OF FINANCIAL INFORMATION

I certify, represent, warrant and covenant to you that the Financial Information provides a complete, true, and accurate statement of my financial condition and business transactions as of the date of the Financial Information. Unless we receive written notification from you to the contrary, we will consider the Financial Information a continuing statement, substantially correct in all respects.

I acknowledge that you will rely on the Financial Information in making credit decisions. I authorize you and your affiliates to make sure credit, employment or investigative inquiries about me from time to time as you and your affiliates deem appropriate to evaluate my financial strength, character, and credit history, to evaluate my credit applications(s), to administer any loan(s) made to others guaranteed by me and to collect any sums owing, and to determine my eligibility for other financial products and services you or your affiliates offer. You may verify this information about me and obtain consumer report(s) about each individual identified in this verification.

Signature / Authorization / Date

Signature / Authorization / Date

Print name

Print name

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