



NEW PLAN CAPITAL
REAL ESTATE INVESTMENT BANKING

CONFIDENTIAL PERSONAL FINANCIAL STATEMENT

- ☐ Individual Statement
☐ Combined Statement

Note: Only married couples may submit a combined statement

Instructions:

1. Open the file and "Save As" a document on your computer. It is recommended to use Adobe Reader to access the form. Adobe 9.0 or higher is needed to digitally sign the form. Adobe documents may not read correctly on some home computers. If you have difficulty, please contact your New Plan Capital representative to receive a paper copy for completion.
2. Scroll down the Personal Financial Statement to complete all applicable fields.
3. If the Personal Financial Statement is completed electronically, the Balance Sheet section is locked for entry. Totals from the Itemized Schedules will automatically fill the applicable fields in the Balance Sheet.
4. If the Personal Financial Statement is being completed by hand, totals from the itemized Schedules must be inserted in the applicable spaces in the Balance Sheet.
5. The Personal Financial Statement may be completed by a single individual or a married couple. If completed by a married couple, information pertaining to each spouse may be combined (as applicable).
6. The Personal Financial Statement must be signed and dated using an electronic or a hand-written signature. Each electronic signature requires the creation of a secure password. It is recommended that the electronic signature be created on a personal computer that is secured for individual use, and not a public computer.
7. Proof for accuracy. "Save" the completed form.
8. Deliver the completed form to your representative at New Plan Capital through secure email, or by mail or in person if handwritten.

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 #: _____ Issue Date: _____ Exp Date: _____		DL #: _____ Issue Date: _____ Exp Date: _____	
Employer: _____ Yrs at Empl: _____		Employer: _____ Yrs at Empl: _____	
Home Ph #: _____ Work Ph #: _____		Home Ph #: _____ Work Ph #: _____	
Email: _____		Email: _____	
Mother's Maiden Name: _____		Mother's Maiden Name: _____	
Annual Income (Individual 1)	Dollars	Annual Income (Individual 2)	Dollars
Salary & Wages		Salary & Wages	
Bonuses and Commissions		Bonuses and Commissions	
Interest & Dividends		Interest & 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:	

BALANCE SHEET (From Itemized Schedules)			
Do NOT Manually Update this Section if completing electronically.			
If completing by hand, 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 (Schedule 1)		Mortgage Payable – Primary (Schedule 7)	
Government & Marketable Securities (Schedule 2)		Home Equity Lines (Schedule 7)	
Non-Marketable Securities (Schedule 4)		Mortgages/Real Estate Investments (Schedule 7)	
Life Insurance & Annuities (Schedule 6)		Unpaid Taxes & Interest (Schedule 12)	
Real Estate – Primary Residence (Schedule 7)		Total Revolving Lines of Credit (Schedule 10)	
Real Estate – Investment (Schedule 7)		Autos, Boats & Recreational Vehicles (Schedule 8)	
Partnerships & Closely Held Corporations (Sch 5)		Accounts, Notes & Loans Payable (Schedule 11)	
IRAs & Other Retirement Accounts (Schedule 3)		Other Personal Property & Assets (Schedule 9)	
Autos, Boats & Recreational Vehicles (Schedule 8)		IRAs & Other Retirement Accounts (Schedule 3)	
Other Personal Property & Assets (Schedule 9)		Partnerships & Closely Held Corporations (Sch 5)	
		TOTAL LIABILITIES:	
TOTAL ASSETS:		TOTAL NET WORTH:	

(Schedule 1) <input type="checkbox"/> NONE CASH ON HAND & IN BANKS				
Name of Deposit Institution	In Name Of	Account Type	Amount	Pledged
Total				

(Schedule 2) <input type="checkbox"/> NONE GOVERNMENT & MARKETABLE SECURITIES					
# Shares	Name of Issuer	In Name Of	Cost	Value	Pledged
Total					

(Schedule 3) <input type="checkbox"/> NONE IRA's & OTHER RETIREMENT ACCOUNTS			
Institution	Owner's Name	Amount	Loans
Totals			

(Schedule 4) <input type="checkbox"/> NONE NON-MARKETABLE SECURITIES				
Security Type	Company or Business	Date Acq.	Cost	Value
Total				

(Schedule 5) <input type="checkbox"/> NONE PARTNERSHIPS & CLOSELY HELD CORPORATIONS				
Entity Name	Business Function	Loan Amt	% Owned	Value
Totals				

(Schedule 6) <input type="checkbox"/> NONE LIFE INSURANCE & ANNUITIES									
Name of Insurance Co.	Policy Owner	Beneficiary	Face Amount	Cash Surr. Value	Policy Loans	Net Cash Value	Payments	Assigned	
								Yes	No
Total									

(Schedule 7) <input type="checkbox"/> NONE REAL ESTATE – PRIMARY RESIDENCE (Include Equity Lines) & INVESTMENTS			
Property Type: SF = Single Family, MF = Multiple Family, C = Commercial/Industrial, L = Land/Acreage			
Property Type:	Residence <input type="checkbox"/> SF <input type="checkbox"/> MF	<input type="checkbox"/> Vacation <input type="checkbox"/> Rental <input type="checkbox"/> SF <input type="checkbox"/> MF <input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> Vacation <input type="checkbox"/> Rental <input type="checkbox"/> SF <input type="checkbox"/> MF <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:			
1st Mortgage Balance:			
Mortgage Holder:			
Monthly Payment:			
2nd Mortgage Balance:			
Mortgage Holder:			
Monthly Payment:			
Monthly Rent Received:			

☐ Check here if all property is listed above. —OR— ☐ Check here to include additional property on the next page.

(Schedule 7) cont.		REAL ESTATE & INVESTMENTS (cont.)											
Property Type:	<input type="checkbox"/> Vacation <input type="checkbox"/> SF	<input type="checkbox"/> Rental <input type="checkbox"/> MF	<input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> Vacation <input type="checkbox"/> SF	<input type="checkbox"/> Rental <input type="checkbox"/> MF	<input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> Vacation <input type="checkbox"/> SF	<input type="checkbox"/> Rental <input type="checkbox"/> MF	<input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> Vacation <input type="checkbox"/> SF	<input type="checkbox"/> Rental <input type="checkbox"/> MF	<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:													
1st Mortgage Balance:													
Mortgage Holder:													
Monthly Payment:													
2nd Mortgage Balance:													
Mortgage Holder:													
Monthly Payment:													
Monthly Rent Received:													

(Schedule 7) cont.		REAL ESTATE & INVESTMENTS (cont.)											
Property Type:	<input type="checkbox"/> Vacation <input type="checkbox"/> SF	<input type="checkbox"/> Rental <input type="checkbox"/> MF	<input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> Vacation <input type="checkbox"/> SF	<input type="checkbox"/> Rental <input type="checkbox"/> MF	<input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> Vacation <input type="checkbox"/> SF	<input type="checkbox"/> Rental <input type="checkbox"/> MF	<input type="checkbox"/> C <input type="checkbox"/> L	<input type="checkbox"/> Vacation <input type="checkbox"/> SF	<input type="checkbox"/> Rental <input type="checkbox"/> MF	<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:													
1st Mortgage Balance:													
Mortgage Holder:													
Monthly Payment:													
2nd Mortgage Balance:													
Mortgage Holder:													
Monthly Payment:													
Monthly Rent Received:													

(Schedule 8) <input type="checkbox"/> NONE AUTOMOBILES, BOATS & RECREATIONAL VEHICLES							
Year	Type	Model	Title In Name Of	Value	Loan Bal.	Lien Holder	Payment
Totals							

(Schedule 9) <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	
Totals							

(Schedule 10) <input type="checkbox"/> NONE TOTAL REVOLVING LINES OF CREDIT (Credit Cards)						
Owing To & Account Number	Original Amount	Present Balance	Loan Type	Monthly Payment	Maturity Date	Secured By
Totals						

(Schedule 11) <input type="checkbox"/> NONE ACCOUNTS, NOTES, & LOANS PAYABLE						
Owing To & Account Number	Original Amount	Present Balance	Loan Type	Monthly Payment	Maturity Date	Secured By
Totals						

(Schedule 12) <input type="checkbox"/> NONE UNPAID TAXES AND INTEREST				
Taxes Owed To	Original Amount	Present Balance	Tax Year	Monthly Payment
Totals				

CONTINGENT LIABILITIES		
If yes to any of the below, provide detail on additional sheets.	YES	NO
Are you a guarantor, co-maker or endorser for any debt of an individual, corporation, or partnership?		
Do you have any outstanding letters of credit or surety bonds?		
Are there any suits or legal actions pending against you?		
Are you contingently liable on any lease or contract?		
Do you have a will? If yes, list date of will and executor:		
Are any assets listed held in a trust?		
Have (either of) you or any firm in which you were a major owner ever declared bankruptcy?		
If yes, please provide details:		
Income tax returns filed through what date?		

VERIFICATION OF FINANCIAL INFORMATION

As used in this verification, “I”, “me”, and “my” refer to each individual identified in this Personal Financial Statement. “You” and “your” refer to New Plan Capital. “Financial Information” means information related to my finances. The certifications, representations, warranties, and covenants contained herein apply not only to the Financial Information provided to you in this Personal Financial Statement, but also to Financial Information provided to you from and after the submission of this Personal Financial Statement.

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 information about me and obtain consumer report(s) about each individual identified in this verification.

I understand and acknowledge that I may be subject to civil liability and/or criminal penalties (including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, *et. seq.* and Section 1344) if my Financial Information is false, misleading, or incomplete in any material respect.

Signature / Authorization / Date

Signature / Authorization / Date