

Down East Commercial Fisheries Fund  
PERSONAL FINANCIAL STATEMENT (Confidential)



- If you are applying for **individual credit** in your own name and are relying on your own income and/or assets and not the income and/or assets of another person as the basis for repayment of the credit requested, complete only Sections 1, 3 and 4.
- If you are applying for **joint credit** with another person, complete all Sections and provide information in Section 2 about the joint application if appropriate or the joint applicant may complete a separate personal financial statement and the applications may be submitted together.
- If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporations(s), complete Section 1, 3 and 4.

Section 1: Individual Information (type/print)	Section 2: Joint Applicant Information (type/print)
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Position/Occupation	Position/Occupation
Business Name	Business Name
Business Address	Business Address
City, State, Zip	City, State, Zip
Length of employment	Length of employment
Phone: Home                  Business                  Cell	Phone: Home                  Business                  Cell
Email:	Email:

Section 3: Statement of Financial Condition as of _____ 20__			
Assets (do not include those of doubtful value)		Liabilities	
Cash on hand or in the bank		Notes payable to banks: Schedule E	
Marketable securities: Schedule A (stocks & bonds)		Notes payable to other institutions or individuals	
Non marketable securities: Schedule B		Car loans	
Real estate owned: Schedule C		Credit card(s) (list below)	
Accounts, loans, notes receivable		Unpaid income tax	
Autos		Other unpaid taxes and interest	
Other personal property		RE mortgages payable: Schedules C & E	
Cash surrender value of life insurance: Schedule D		Other debts (list)	
Business ventures: Schedule F			
Other assets (list)			
		Total Liabilities	
		Net Worth	
<b>Total Assets</b>		<b>Total Liabilities and Net Worth</b>	

Section 4					
Annual Income		Annual Expenditures		Contingent Liabilities	
For Year Ended	20	For Year Ended	20	For Year Ended	20
Salaries	_____	Mortgage or rental payments	_____	Do you have any contingent liabilities:	
Bonuses or commissions	_____	Real Estate taxes	_____	YES	NO
Dividends & interest	_____	Taxes: federal, state, local	_____	As endorser?	<input type="checkbox"/> <input type="checkbox"/>
Real estate income	_____	Insurance payments	_____	As co-maker?	<input type="checkbox"/> <input type="checkbox"/>
Other income:		Car payments	_____	As guarantor?	<input type="checkbox"/> <input type="checkbox"/>
Alimony & child support	_____	Charge card payments	_____	Leases?	<input type="checkbox"/> <input type="checkbox"/>
Business income	_____	Alimony & child support	_____	Contracts?	<input type="checkbox"/> <input type="checkbox"/>
Capital gain	_____	Tuition	_____	Legal action?	<input type="checkbox"/> <input type="checkbox"/>
Other gains	_____	Medical	_____	Other debt?	<input type="checkbox"/> <input type="checkbox"/>
Pensions, trusts	_____	Other payments (please list)	_____	Encumbrances?	<input type="checkbox"/> <input type="checkbox"/>
Rents	_____	_____	_____	Total Contingent Liabilities \$ _____	
Unemployment, SSI	_____	_____	_____		
Other public assistance	_____	_____	_____	If yes to any questions, please describe _____ _____ _____ _____ _____ _____ _____	
Other income (please list)	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
Total Income	\$ _____	Total Expenditures	\$ _____		

**Schedule A – Marketable Securities**

Number of Shares	Description	In the name of...	Registered, pledged or held by others?	Market Value

**Schedule B – Non Marketable Securities**

Number of Shares	Description	In the name of...	Registered, pledged or held by others	Value	Source of Value

**Schedule C – Residences and Other Real Estate Equities (partially or wholly owned)**

Address and Type of Property	Title in the name of...	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Amount	Mortgage Maturity

**Schedule D – Life Insurance (including group insurance)**

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Loans on Policy	Cash Surrender Value

**Schedule E – Bank and Other Relationships**

Name and Address of Creditor	Original Loan Amount	Date of Loan	Maturity Date	Collateral	Amount Owed

**Schedule F – Business Ventures**

Name and Address & Type of Business and Name(s) of Partner(s)	Your Position & Title in the Business	Your % of Ownership	Total Assets of Business	Net Worth of Business	Years in Business

Please answer the following questions:

	Yes	No
Do you expect any substantial changes in your financial status in the next 12 months? If yes, please attach an explanation.	<input type="checkbox"/>	<input type="checkbox"/>
Have either you or the other party ever declared bankruptcy? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Has any firm of which you are/were an owner ever declared bankruptcy? If yes, please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you drawn a will? Please name beneficiary: _____	<input type="checkbox"/>	<input type="checkbox"/>
Please name Executor: _____		
Name of your Accountant: _____ Phone number: _____		
Name of your Lawyer: _____ Phone number: _____		

**Return completed document to:**

**Sunrise County Economic Council  
Down East Commercial Fisheries Fund  
53 Prescott Drive, Suite 3  
Machias, ME 04654**

**Office Telephone: 207-255-0983 Office Fax: 207-255-4987**

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change of name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date \_\_\_\_\_ Signature (individual) \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

Date \_\_\_\_\_ Signature (joint applicant) \_\_\_\_\_

Social Security Number \_\_\_\_\_

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