



ARKANSAS DEVELOPMENT FINANCE AUTHORITY

P.O. Box 8023
LITTLE ROCK, AR 72203-8023

PERSONAL FINANCIAL STATEMENT

Name: _____ S.S.#: _____ Date of Birth: _____
(Name of individual)

Name: _____ S.S.#: _____ Date of Birth: _____
(Second name if statement is joint)

Home Address: _____ City, _____ ST _____ Zip: _____ Residence Phone: _____

Business Address: _____ City, _____ ST _____ Zip: _____ Business Phone: _____

Position or Occupation _____

STATEMENT OF CONDITION AS OF: _____ (Date)

Table with columns: ASSETS, DOLLARS, LIABILITIES, DOLLARS. Rows include Cash, Cash Surrender Value Life Ins., Listed Securities, Unlisted Securities, Accounts/Notes Rec., Real Estate Owned, Real Estate - Partial Interest, Automobiles, Personal Property, Other Assets - Itemize, Accounts & Bills Due, CSV Life Ins. Loans, Sec. Debt Due Banks, Unsecured Debt Due Banks, Accrued Taxes, Real Estate Mortgages, Real Estate-Partial Interest, Sec Debt Due to Others, Unsecured Debt to Due Others, Other Debts - Itemize, Total Liabilities, Net Worth, Total Assets, Total Liabilities & Net Worth.

INCOME SOURCE(S)

PERSONAL INFORMATION

Table with columns: INCOME SOURCE(S), DOLLARS. Rows include Salary, Bonus/Commissions, Dividends, Interest, Real Estate Income, Other Income, Total.

Do You Have a Will? _____ If yes, provide the name of your Executor:
Have you ever-declared bankruptcy? If yes, please explain:

Borrower(s) initial _____ and date _____ this page (use blue ink)

CONTINGENT LIABILITIES AS CO-MAKER, ENDORSER, GUARANTOR

ASSETS <i>Debt Payable By:</i>	DOLLARS	LIABILITIES <i>Debt Payable To:</i>	DOLLARS

BANKING AND OTHER CASH DEPOSITORY RELATIONSHIPS

Schedule A

Type of Account	Account in Name of	Where Deposited	Amount

Bank Officer Reference _____ (Name) _____ (Phone Number)

LIFE INSURANCE-FACE VALUE & CASH VALUE

Schedule B

Face Value	Name of Company	Beneficiary	Cash Surrender Value	Loan Balance, if any.

LISTED SECURITIES – NYSE, AMERICAN OR NASDAQ MARKET ISSUES

Schedule C

Number of Shares	Price Per Share	Total Market Value	Description of Securities	In Name of

Borrower(s) initial _____ and date _____ this page (use blue ink)

UNLISTED SECURITIES – DOES NOT FEATURE AN ACTIVE/LIQUID MARKET - (CLOSELY HELD)

Schedule D

Shares	Price Per Share	Total Market Value	Total Shares Outstanding	Description of Securities

ACCOUNTS & NOTES RECEIVABLES

Schedule E

Debt Payable By	Repayment Terms	Amount	Doubtful?

REAL ESTATE OWNED

Schedule F

Description of Property	Title in Name of	Date Acquired	Original Cost	Market Value	Mortgage	
					Amount	Maturity

Borrower(s) initial _____ and date _____ this page (use blue ink)

I/we authorize Arkansas Development Finance Authority to make inquiries as necessary to verify the accuracy of the statements made and to determine my/our creditworthiness. I/we certify the above and the statements contained in the attachments are true and accurate as of the stated dates. These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. **I/we understand FALSE statements (willful misrepresentation) may result in forfeiture of benefits and may be a violation of Federal Law.**

The undersigned certifies the information that is provided in this Personal Financial Statement (all-inclusive) is true and correct.

Date: _____

(Signature)

(Second Signature if Joint Statement)

PLEASE SIGN USING BLUE INK