



PERSONAL FINANCIAL STATEMENT

LOAN REQUEST					
BUSINESS NAME:	START UP	EXISTING BUSINESS	BUSINESS EIN (tax identification number):		
DOING BUSINESS AS:	BUSINESS START DATE:				
BUSINESS ADDRESS:	CITY:			STATE:	
BUSINESS PHONE:	BUSINESS WEBSITE:				
BUSINESS LEGAL STRUCTURE:	LLC	Corporation	Social Benefit Corp.	Partnership	Sole Proprietorship
DESCRIPTION OF BUSINESS (what does your company do?):					
PURPOSE OF FUNDS (how do you plan to use the loan money?):					
AMOUNT REQUESTED:					

PLEASE NOTE:

Fill out your information as an applicant. If your spouse is a co-owner, also complete the right side of the application.
Other owners with a 20% or greater interest must complete their own form.

Applicant (Section A)	Spouse/Co-Applicant (Section B)
Full Name	Full Name
Percent Ownership	Percent Ownership
Street Address	Street Address
City/State/Zip Code	City/State/Zip Code
Social Security #	Social Security
Date of Birth	Date of Birth
Phone: Home	Phone: Cell
Phone: Work	Phone: Work
Email: Work	Email: Home
Employer	Employer
Position/Title	Since
Previous Employer	Previous Employer
Position/Title	End Date:
Marital Status	
<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Separated	

	Applicant		Co-Applicant	
Have you ever gone through bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have gone through bankruptcy, when?				
Are there any suits or legal actions pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your tax obligations past due or are you in a payment plan for any taxes owed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No



By signing below, I acknowledge and agree that:

1. WomenVenture has the right to verify the accuracy of the information provided in this application and relating to this loan request.
2. WomenVenture is authorized to request each owner's and/or other guarantor's credit report.
3. I am authorized to apply for this loan on behalf of the business.
4. All supporting documentation related to this application remains the property of WomenVenture.
5. All information provided will be kept confidential by WomenVenture and will be used only for the purpose of considering this loan request. If WomenVenture provides me with a loan, it is authorized to provide others with information concerning any application and guarantor.
6. I understand I am responsible for any legal fees incurred as a result of collections.
7. I will be responsible for any fees relating to securing my collateral such as title and/or UCC charges.
8. I understand all materials submitted will be maintained in a secure fashion.
9. I will allow ACH (Automatic Clearing House known as Automatic Payment Withdrawal) for monthly loan payments.

This Personal Financial Statement, submitted for the purpose of obtaining credit, contains information that is true and complete to my knowledge and belief; and there are no undisclosed financial or legal liabilities, either current or pending, involving any of the parties to this agreement. It fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

Your Signature X	Date
Your Signature X	Date

PLEASE NOTE: Additional information will be requested and/or required at the discretion of WomenVenture and its officers.



Annual Income	Applicant	Co-Applicant
Salary		
Bonuses & Commissions		
Alimony		
Child Support		
Public Assistance		
Social Security/Disability		
Rental Income		
Other Income		
Total Income:		

Schedule 1 CASH, CHECKING, SAVINGS, & MONEY MARKET ACCOUNTS			
Name of Financial Institution	Type of Account	In Whose Name?	Account Balance
Total (Page 5, Line 1, Asset)			

Schedule 2 SECURITIES OWNED (stocks, bonds, mutual funds)			
Firm	Description	In Whose Name?	Account Balance
Total (Page 5, Line 2, Asset)			

Schedule 3 RETIREMENT FUNDS, PENSION, PROFIT SHARING			
Firm	Type of Account (401(k), IRA, etc.)	In Whose Name?	Current Value
Total (Page 5, Line 3, Asset)			



Schedule 4						LIFE INSURANCE
Insurance Company	In Whose Name	Insured	Beneficiary	Face Value of Policy	Cash Value of Policy	Dollar Amount of Loans Against This Policy
Total (Page 5, Line 4, Asset)						
Total (Page 5, Line 1, Liability)						

Schedule 5							HOMESTEAD	
Address	In Whose Name	Purchase Price	Lender Name	Rate	Maturity Date	Payment	Loan Balance	
Total (Page 5, Line 5, Asset)				Total (Page 5, Line 2, Liability)				

Schedule 6							OTHER REAL ESTATE OWNED	
Address	In Whose Name	Date Purchased	Purchase Price	Lender Name	Rate	Rental Income	Payment	Loan Balance
Total (Page 5, Line 6, Asset)				Total (Page 5, Line 3, Liability)				

Schedule 7				MOTOR VEHICLES		
Description of Vehicle (year,make,model)	How is it owned?	In Whose Name?	Maturity Date	Monthly Payment	Loan Balance	
	<input type="checkbox"/> Leased <input type="checkbox"/> Financed <input type="checkbox"/> Owned Free & Clear					
	<input type="checkbox"/> Leased <input type="checkbox"/> Financed <input type="checkbox"/> Owned Free & Clear					
	<input type="checkbox"/> Leased <input type="checkbox"/> Financed <input type="checkbox"/> Owned Free & Clear					
	<input type="checkbox"/> Leased <input type="checkbox"/> Financed <input type="checkbox"/> Owned Free & Clear					
	<input type="checkbox"/> Leased <input type="checkbox"/> Financed <input type="checkbox"/> Owned Free & Clear					
	<input type="checkbox"/> Leased <input type="checkbox"/> Financed <input type="checkbox"/> Owned Free & Clear					
Total (Page 5, Line 4, Liability)						



Schedule 8				CREDIT CARDS
Creditor	In Whose Name?	Minimum Monthly Payment	Credit Limit	Current Balance
Total Balance			(Page 5, Line 5, Liability)	

Schedule 9				PERSONAL LOANS
Creditor	In Whose Name?	Minimum Monthly Payment	Maturity Date	Current Balance
Total Balance				(Page 5, Line 6 Liability)

Please Note: Fields that are gray can NOT be typed in – these fields will auto-populate based on the information that you entered in the other (fillable) fields of this form.

Assets	Amount (\$)	Liabilities	Amount (\$)
1. Cash (Schedule 1)		1. Cash Value Insurance Loans (Schedule 4)	
2. Securities (stocks/bonds) (Schedule 2)		2. Mortgages on My Home (Schedule 5)	
3. Retirement Funds (Schedule 3)		3. Mortgages on other real estate (Schedule 6)	
4. Life Insurance Cash Value (Schedule 4)		4. Car Loans (Schedule 7)	
5. Homestead (Schedule 5)		5. Credit Cards (Schedule 8)	
6. Other Real Estate (Schedule 6)		6. Personal (Schedule 9)	
7. Vehicles (Schedule 7) *Kelley Blue Book Value*		7. Taxes Owed	
8. Personal Property		Other Liabilities (Describe)	
Other Tangible Assets (Describe)		8.	
9.		9.	
10.		10.	
11.		11.	
Total Assets		Total Liabilities	
Net Worth (Total Assets minus Total Liabilities)			



APPLICANT

MONTHLY / ANNUAL HOUSEHOLD BUDGET

Monthly Personal Expenses	\$	Notes
Food at Home		
Food Away from Home		
Clothing Purchases		
Education (personal)		
Education (childcare)		
Newspapers/Magazines		
Personal Care (e.g. haircut)		
Medicines		
Doctor/Dentist (out of pocket, e.g. co-pays, deductibles)		
Gifts/Contributions/Dues/Tides		
Allowance		
Recreation/Social Hobbies		
Subscriptions		
Medical/Dental Insurance (if paid directly)		
Disability Insurance		
Life Insurance		
Monthly Subtotal		

Monthly Housing Expenses	\$	Notes
Rent/Mortgage		
Renter's/Homeowner's Insurance		
Property Taxes (if not escrowed)		
Heat		
Electricity		
Telephone/Cell Phone		
Water/Trash		
Cable/Internet		
Repairs/Maintenance		
Monthly Subtotal		

Monthly Vehicle Expenses	\$	Notes
Payment		
Car Insurance		
Gas/Oil		
Tires/Battery/Filters		
Repairs		
Tabs		
Monthly Subtotal		

Other Monthly Debt	\$	Notes
Student Loan(s)		
Personal Loan(s)		
Credit Card(s)		
Federal/State Taxes		
Other:		
Other:		
Other:		
Other:		
Other:		
Other:		
Monthly Subtotal		

Please Note: This box can NOT be typed in – these fields will auto-populate based on the information that you put in the other (fillable) boxes on this page.

Budget Summary	\$
Monthly Housing Expenses	
Monthly Personal Expenses	
Monthly Vehicle Expenses	
Other Monthly Debt Repayment	
Total Expenses Per Month	
Annual Expenses (Total Expenses Per Month x12)	