



PERSONAL FINANCIAL STATEMENT

DATE _____

Complete this for : (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guarantee on a loan.

Owner's Name: _____ Business Name: _____

Residence Address: _____ Business Phone (include area code) _____

City, State, Zip code _____ Residence Phone (include area code) _____

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on Hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Accounts . . .	\$ _____	(Describe in Section 2)	
Life Insurance-Cash Surrender Value Only	\$ _____	Installment Account (Auto)	\$ _____
(Complete Section 8)		Monthly Payments	\$ _____
Stocks and Bonds	\$ _____	Installment Account (other)	\$ _____
(Describe in Section 3)		Monthly Payments	\$ _____
Real Estate	\$ _____	Loan on Life Insurance	\$ _____
(Describe in Section 4)		Mortgages on Real Estate	\$ _____
Automobile-Present Value	\$ _____	(Describe in Section 4)	
Other Personal Property	\$ _____	Unpaid Taxes	\$ _____
(Describe in Section 5)		(Describe in Section 6)	
Other Assets	\$ _____	Other Liabilities	\$ _____
(Describe in Section 5)		(Describe in Section 7)	
Total Assets	\$ _____	Total Liabilities	\$ _____
		Adj. Net Worth (<i>Assets -less- Liabilities</i>)	\$ _____

Section 1. Source of Income

Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income (Describe below)*	\$ _____

Contingent Liabilities

As Endorser or Co-Maker	\$ _____
Legal Claims & Judgments	\$ _____
Provision for Federal Income Tax	\$ _____
Other Special Debt	\$ _____

Description of Other Income in Section 1 _____

Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income

Section 2. Notes Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral



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Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)

Number of Shares	Name of Securities	Cost	Market Value Quotation Exchange	Date of Quotation Exchange	Total Value

Section 4. Real Estate Owned (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities (Describe in detail)

Section 8. Life Insurance Held (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize the City of Tulsa to make inquiries as necessary to verify the accuracy of the statements made and to determine my status as a small business concern. I certify the above and the statements contained in the attachments are true and accurate a

Signature: _____ Date: _____ Social Security Number: _____