

# PERSONAL FINANCIAL STATEMENT

Submitted to Dixon Funding LLC

PERSONAL INFORMATION							
APPLICANT (NAME)				CO-APPLICANT (NAME)			
Employer				Employer			
Address of Employer				Address of Employer			
Business Phone No.	No. Of Years with Employer	Title/Position		Business Phone No.	No. Of Years with Employer	Title/Position	
Name of previous employer & position (if with current employer less that 3 yrs.)			No. of Yrs.	Name of previous employer & position (if with current employer less that 3 yrs.)			No. of Yrs.
Home Address				Home Address			
Home Phone No.	Social Security No.	Date of Birth		Home Phone No.	Social Security No.	Date of Birth	
Name, Phone No. of your Accountant				Name, Phone No. of your Accountant			
Name, Phone No. of your Attorney				Name, Phone No. of your Attorney			
Name, Phone No. of your Investment Advisor/Broker				Name, Phone No. of your Investment Advisor/Broker			
Name, Phone No. of your Insurance Advisor				Name, Phone No. of your Insurance Advisor			

## Cash Income & Expenditures Statement For Year Ending \_\_\_\_\_ (Omit cents)

Salary (applicant)	\$	Federal Income and Other Taxes	\$
Salary (Co-applicant)		State Income and Other Taxes	
Bonuses & Commission (applicant)		Rental Payments, Co-op or Condo Maintenance	
Bonuses & Commission (co-applicant)		Mortgage Payments	Residential
Rental Income			Investment
Interest Income		Property Taxes	Residential
Dividend Income			Investment
Capital Gains		Interest & Principal Payments on Loans	
Partnership Income		Insurance	
Other Investment Income		Investments (including tax shelters)	
Other Income (List) **		Alimony/Child Support	
		Tuition	
		Other Living Expenses	
		Medical Expenses	
		Other Expense (List)	
<b>TOTAL INCOME</b>	<b>\$</b>	<b>TOTAL EXPENSES</b>	<b>\$</b>

Any significant changes in the next 12 months?  Yes  No (If yes, attach information)

\*\*Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

### Balance Sheet as of \_\_\_\_\_

ASSETS	AMOUNT(S)	LIABILITIES	AMOUNT(S)
Cash in this Bank		Notes Payable to this Bank	
(including money market accounts, CD's)		Secured	\$




Disability Insurance	Applicant	Co-Applicant
Monthly Distribution of Disabled		
Number of Years Covered		

Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)									
Personal Residence Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						
Investment Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

Schedule D – Partnerships (less than majority ownership for real partnerships)*							
Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnership: Holes, Cash, Call	Final Contribution Date	
Business/Professional (indicate name):							
Investments (including Tax Shelters):							

**\*Note:** For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments of S-corporations, schedule K-1s.

Schedule E – Notes Payable								
Due to	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

**Please Answer the Following Questions:**

1. Income tax returns filed through (date): \_\_\_\_\_ Are any returns currently being audited or contested?  Yes  No

If yes, what years (s) \_\_\_\_\_

2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy?  Yes  No

If yes, please provide details: \_\_\_\_\_

3. Have you drawn a will?  Yes  No

If yes, please furnish the name of the executor(s) and year will was drawn: \_\_\_\_\_

4. Number of dependents (excluding self) and relationship to applicant: \_\_\_\_\_

5. Have you ever had a financial plan prepared for you?  Yes  No

6. Did you include two years federal and state tax returns?  Yes  No

7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)?  Yes  No

If so, please indicate where, how much, and name of banker: \_\_\_\_\_

8. Do you anticipate any substantial inheritances?  Yes  No

If yes, please explain: \_\_\_\_\_

### Representatives and Warranties

The information contained in this statement is provided to induce Dixon Funding LLC to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that Dixon Funding LLC is relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee 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 Dixon Funding LLC immediately and in writing of any change in name, address, or employment 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 Dixon Funding LLC. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. Dixon Funding LLC is authorized to make all inquiries Dixon Funding LLC deems necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give Dixon Funding LLC a copy of the undersigned's credit report and any other financial information it may have on the undersigned. Each of the undersigned authorizes Dixon Funding LLC to answer questions about Dixon Funding LLC's credit experience with the undersigned. Each of the undersigned authorizes Dixon Funding LLC to answer questions about Dixon Funding LLC's credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to Dixon Funding LLC is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned gives Dixon Funding LLC shall be your property.

I authorize Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U. S. Attorney General (Reference 18 U.S.C. 1001)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(These forms are intended for use in commercial lending transactions. Where any other use is contemplated, it is suggested that a careful review be made to ensure compliance with applicable laws and regulations).