



For Office Use Only:
 Client Account Number _____
 Quality Control Verification _____

179 Sully's Trail, Suite 305
 Pittsford, New York 14534
 (585) 348-9794

PERSONAL FINANCIAL STATEMENT

CONFIDENTIAL

Statement Of _____
 Occupation _____ Address _____
Borrower 1 Date of Birth _____ Social Security Number _____
 Home Phone _____ Work Phone _____
Borrower 2 Date of Birth _____ Social Security Number _____
 Home Phone _____ Work Phone _____

To the Venture Jobs Foundation, Rochester, NY

For the purpose of procuring credit from time to time with you, I represent and warrant that the following is a true and accurate statement of my financial condition on _____, 20____, with the understanding that the Officers of the Foundation in granting me credit, rely upon the accuracy of this statement, and further, whenever my financial condition is changed materially from the financial conditions shown in the following statement, I agree to give said Foundation immediate written notice of such change, whether applications for further loans are made or not, in the absence of such notice or of a new and complete written statement, the following statement may be considered as a continuing statement and substantially correct and upon applications for further credit or renewals or extensions of credits previously extended I do hereby represent and warrant that the Officers of said Foundation may rely upon this statement as a true and accurate statement of my financial condition at the time such further credit or renewal or extension of previous credits is requested.

ASSETS & LIABILITIES SUMMARY (Indicate jointly owned assets & liabilities with a "J")			
ASSETS	US \$	LIABILITIES	US \$
Cash on Hand in Banks	\$	Current Debt (credit cards, accounts)	\$
Names of Banks:			\$
Accounts Receivable (collectible)	\$	Notes Payable	\$
Notes Receivable (collectible)	\$	Due to Insurance Co.'s on Policy Loans	\$
Readily Marketable Securities	\$	Due Brokers on Securities	\$
Readily Marketable Securities Pledged	\$	Real Estate and Other Taxes Unpaid	\$
Cash Value Life Insurance (not face value)	\$	Other Current Liabilities (Itemize)	\$
Other Current Assets (Itemize)			
	\$		\$
	\$		\$
Total of Current Assets	\$	Total of Current Liabilities	\$
Real Estate (see schedule on p. 2)	\$	Mortgages on Real Estate (see schedule on p. 2)	\$
Furniture, Automobiles, etc.	\$	Other Deferred Liabilities (Itemize)	
Investments not Quickly Salable	\$		\$
Other Assets (Itemize)			\$
	\$		\$
	\$	Total Non-Current Liabilities	\$
Total Non-Current Assets	\$	TOTAL LIABILITIES	\$
TOTAL ASSETS	\$	NET WORTH	\$

STATEMENT OF INCOME

Annual Income from Salary per W-2 \$ _____
 Annual Income from other sources – List and describe each source separately. Attach additional sheet if necessary. \$ _____
 Total Income \$ _____

OPTIONAL ADDITIONAL INCOME Alimony or child support or separate maintenance payments are optional information and need not be revealed if the applicant does not choose to rely on such income in applying for credit. \$ _____ Total \$ _____

PURPOSE OF THE LOAN _____ **AMOUNT OF LOAN** _____

We authorize and instruct any person or consumer reporting agency to compile and furnish to the Foundation any information it may have or obtain in response to such credit inquiries and agree that same shall remain your property whether or not credit is extended.

All information set forth in this application is declared to be a true representation of facts made for the purpose of obtaining the credit requested and any willful misrepresentation of this application could result in criminal action. The Foundation may request a consumer report in connection with this application and subsequent consumer reports in connection with updating, renewing or extending the existing or future extensions of credit. Upon your written request, we will provide the name and address of the consumer agency furnishing such reports to us, if any.

The forgoing statement has been filled in by me or from information furnished by me, and I know the contents thereof.

Signed this _____ day of _____ 20____ Signature _____
 Signature _____

OVER

REAL ESTATE (Transfer Total to Real Estate on Page 1)									
Parcel No.	Location	Type of Buildings	Title in Name of	Cost	Assessed Value	Owners Valuation	Mortgage Balance	Insurance Annual \$	Date Acquired
1									
2									
3									
Attach separate sheet if necessary. Carry over TOTALS of Assessed Value, Owners Valuation, & Mortgage Balance									
					\$ TOTAL	\$ TOTAL	\$ TOTAL		

SCHEDULE OF MORTGAGES ON REAL ESTATE (Transfer Total to Mortgages on Real Estate on Page 1)							
Parcel No.	Original Mortgage	Balance	Held By	Interest Rate	Maturity Date	Payment Amount & Terms	If pledged, state where
1							
2							
3							
Attach separate sheet if necessary. Carry over TOTAL BALANCE							
TOTAL BALANCE		\$					

INVESTMENTS – Stocks, Bonds, etc (Transfer Total to Investments on Page 1)						
No. of Shares or Bonds	Title in Name of	Description	Market Price	Total Value	If pledged, state where	
Attach separate sheet if necessary		Totals from Separate sheet	TOTAL VALUE	\$		

SCHEDULE OF CURRENT DEBTS TO OTHER BANKS, LOAN COMPANIES OR INSTALLMENT PAYMENTS					
Name	Address	Collateral Pledged	Original Amount	Balance Unpaid	Amount Due Monthly

Employer's Name _____

Employer's Address _____

Are there any liens or are any of your assets pledged in any way? (If so, describe) _____

Are any of your assets encumbered by, or controlled by a Trust Agreement now in effect or planned for in the future? (If so, describe) _____

Are there any lawsuits, foreclosures or unsatisfied judgements against you? (If so, describe) _____

Have you ever gone through Bankruptcy or made a general assignment or composition with your creditors? (If so, describe) _____

CONTINGENT LIABILITY			
Borrower	Amount	Purpose	Lender

The mission of the VJF is to improve economic opportunities for underserved communities. Please let us know if you qualify as:

Borrower 1: African-American Hispanic Native American

Borrower 2: African-American Hispanic Native American