

# ADC Client Personal Financial Statement



African Development Center | 1931 South 5th Street | Minneapolis, MN 55454 | 612-333-4772 | Toll-free 1-877-232-4775

I may apply for a credit extension, loan or other financial accommodation alone or together with someone else, (“co-applicant”). If I apply with a co-applicant and our combined assets and debts can meaningfully and fairly be presented together, the co-applicant and I may complete this required statement and any supporting schedules jointly, otherwise separate forms and schedules are required.

Applicant		Co-Applicant	
Full name		Full name	
Street address		Street address	
City/State/Zip		City/State/Zip	
County		County	
Since	<input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____	Since	<input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____
Social Security #	Date of birth (mm-dd-yy)	Social Security #	Date of birth (mm-dd-yy)
Phone: Home	Work	Phone: Home	Work
Employer		Employer	
Address		Address	
Position/Title		Position/Title	
Dependents (include self)/Ages		Dependents (include self)/Ages	
Marital status* <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Marital status* <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
*Do not provide information if your application is for individual credit			

## Please complete Schedules 1-7 before this section

Date of valuation \_\_\_\_\_ (Attach separate sheets if more space is needed)

Assets	Amount (\$)	Liabilities	Amount (\$)
Cash (Schedule 1)		Credit cards (Schedule 7)	
Securities (Schedule 2)			
List insurance cash value (Schedule 3)		Insurance Loans (Schedule 3)	
Mortgages and contracts I own (Schedule 4)		Mortgages and contracts I owe (Schedule 4)	
Homestead (Schedule 5)		Mortgages on my home (Schedule 5)	
Other Real Estate (Schedule 5)		Mortgages on other Real Estate (Schedule 5)	
Profit sharing, Pension and IRA accounts (Schedule 6)		Other liabilities (Describe)	
Personal property		Notes payable-Banks/Others (Schedule 7)	
Other tangible assets (Describe)		Installment Payments & Contracts (Schedule 7)	
Automobiles (Describe)		Taxes	
Value of my Companies (List)			
		Total Liabilities	
		Net Worth (Total Assets Less Total Liabilities)	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES &amp; NET WORTH</b>	

Annual income	Amount for Applicant	Amount for Co-applicant	Contingent Liabilities	Amount
Salary			As Endorser	
Commissions			As Guarantor	
Dividends			Lawsuits	
Interest			For taxes	
Rentals			Other (Detail)	
Alimony/Child support or maintenance**				
Other			<input type="checkbox"/> check if "None"	
<b>TOTAL INCOME</b>			<b>TOTAL CONTINGENT LIABILITIES</b>	

\*\* You need not show this unless you wish us to consider it.

#### SCHEDULE 1: CASH, SAVINGS, CERTIFICATES, AND MONEY MARKET ACCOUNTS

Bank or Broker	Type of Account	Who's name	Pledged	Account balance
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>TOTAL</b>				

#### SCHEDULE 2: SECURITIES OWNED

Number of shares or Bond amount	Description	In whose name(s) registered	Cost	Present market value	Listed / Unlisted
					<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted
					<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted
					<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted
					<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted
<b>TOTAL</b>					

#### SCHEDULE 3: LIFE INSURANCE

Insured	Insurance company	Beneficiary	Face value of policy	Cash value	Loans
<b>TOTAL</b>					

#### SCHEDULE 4: CONTRACTS FOR DEED - OWNED & OWED

Name of debtor	Type of property	1 <sup>st</sup> or 2 <sup>nd</sup> lien	Owed to	How payable Per month (M) Per Year (Y)	Unpaid balance
<b>OWNED</b>			Your name		
		<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup>		\$ <input type="checkbox"/> M <input type="checkbox"/> Y	
<b>OWED</b>			Your creditor's name		
		<input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup>		\$ <input type="checkbox"/> M <input type="checkbox"/> Y	
<b>TOTAL</b>					

#### SCHEDULE 5: REAL ESTATE

Address and type of property	Title in names (s) of	Monthly income	Cost & year acquired	Present market value	Unpaid balance
Homestead			Year \$		
Other:			Year \$		
Other:			Year \$		
<b>SUBTOTAL/OTHER</b>					
<b>TOTAL</b>					

**SCHEDULE 6: PROFIT SHARING, PENSION, AND IRA ACCOUNTS (INCLUDE 401K)**

Name of Plan	Type of Account	Account Balance (\$)	Amount Vested (\$)	Loans
<b>TOTAL</b>				

**SCHEDULE 7: NOTES PAYABLE AND INSTALLMENT CONTRACTS PAYABLE**

To whom payable	Address	Collateral or unsecured	How payable		Unpaid balance
			Per month (M)	Per Year (Y)	
<b>Notes Payable</b>					
<b>Banks/Others</b>					
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
Subtotal					
<b>Installment Payments and Contracts</b>					
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
Subtotal					
<b>Credit Cards</b>					
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
		<input type="checkbox"/> Collateral <input type="checkbox"/> Unsecured	\$	<input type="checkbox"/> M <input type="checkbox"/> Y	
Subtotal					
<b>TOTAL</b>					

	Applicant		Co-Applicant	
Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you made a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our 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 obtained 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant signature (if you are requesting the financial accommodation jointly)