



**Quaboag Valley
Community Development Corporation
& Quaboag Valley Business Assistance Corporation**

Personal Financial Statement

Personal Financial Statement				
Name		SSN	Date of Birth	
Home Phone #		Personal Email		
Current Home Address	Street	City	State	Zip
Previous Home Address	Street	City	State	Zip
Are you receiving any Public Assistance?		<input type="checkbox"/> Welfare	<input type="checkbox"/> Food Stamps	
		<input type="checkbox"/> WIC	<input type="checkbox"/> Social Security	
Veterans Status:	Non-Veteran <input type="checkbox"/>	Vietnam-era Veteran <input type="checkbox"/>	Other Veteran <input type="checkbox"/>	
Are you a US Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, what is your residency status?		

Financial Information is as of _____

Annual Income	Amount (\$)	Annual Expenses	Amount (\$)
Salary/Wages		Federal Income Tax	
Interest Income		State Income Tax	
Dividend/Investment Income		Residential Mortgage or Rent Payment	
Other Business Income		Residential Property Taxes	
Other Income		Home/Auto Insurance	
Alimony/Child Support		Medical Insurance	
Rental Income		Alimony/Child Support	
Pension Income		Medical Expenses	
		Credit Card Payments	
		Auto Loan Payments	
		Other Loan Payments	
		Utilities	
Total Annual Income		Total Annual Expenses	

Assets	Current Value (\$)	Liabilities	Current Balance (\$)
Cash/Checking/Savings		Credit Card Balances	
Certificates of Deposit		Auto Loans	
Investment Accounts		Mortgage Loan	
Retirement Accounts		Property Taxes Payable	
Cash Value Life Insurance		State/Federal Income Taxes Payable	
Residential Real Estate		Bills Payable	
Other Real Estate		Life Insurance Loans	
Autos		401K Account Loans	
Other Assets (detail on next page)			
Total Assets		Total Liabilities	
		(Total Assets minus Total Liabilities)	

QUABOAG VALLEY BUSINESS ASSISTANCE CORPORATION

Personal Financial Information - continued

Contingent Liabilities	Yes	No	Amount
Are you a guarantor or co-signer on any other loans?			
Are there any lawsuits or legal actions against you?			
Are your personal taxes past due?			
Are your real estate taxes past due?			
Do you have past due loans?			
Have you ever filed personal bankruptcy?			N/A
Have you ever been convicted of a felony?			N/A
Do you have health insurance?			N/A
Do you have life insurance?			
Do you have a will?			N/A

Do you Own or Rent your home?			Do you live with relatives?					
How many people in your household?			Relationship to you:					
If you rent your residence:								
Name of Your Landlord	Landlord Phone #	Monthly Rent	Utilities Included? Y / N Heat Y / N Gas/Electric Y / N Water	Name(s) on Lease	Lease Expiration			
Is the rent current?	If no, how many months are owed:		Dollar amount past due:					
If you own your residence:								
Residence	Name of Owners (list all)	Year Purchased	Purchase Price	Number of Units	#of Tenants/Rental Income			
First Mortgage								
Lender	Original Loan Amount	Current Loan Balance	Interest Rate	Issue Date	Maturity Date	Monthly Payments		
Does Loan re-price? Yes or No			If Yes, when?		How is new rate calculated?			
Is loan current?		If no, how many months are owed?		Are real estate taxes current?		Are there any other liens on the house?		
Second Mortgage								
Lender	Line of credit or Term Loan?	Original Amount	Current Balance	Monthly Payment	Interest Rate	Issue Date	Maturity Date	

Bank Accounts	Account Number	Account Balance	Checking or Savings	Joint Account Holders
Bank Name				

Other Personal Assets (detail from prior page)			Value	Co-Owners
Asset				

Loans/Credit Cards	Line/Loan Amount	Current Balance	Interest Rate	Monthly Payment	Issue Date	Maturity Date	Collateral	Co-Borrower
Lender								

The undersigned is providing this information to support the extension of credit by Quaboag Valley Business Assistance Corporation. The undersigned understands that Quaboag Valley Business Assistance Corporation is relying on this information for extension of credit, and hereby represents that this information is true, and complete. The undersigned will provide notice of any material adverse change in his/her financial condition including in his/her ability to perform under his/her obligations to Quaboag Valley Business Assistance Corporation. The undersigned authorizes any consumer-reporting agency to give Quaboag Valley Business Assistance Corporation information it may have on the undersigned. The undersigned authorizes Quaboag Valley Business Assistance Corporation to answer questions and/or provide credit information to credit reporting agencies and other parties.

Date	Signature
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