

BDH ASSOCIATES, INC.

4572 Lawrenceville Hwy, Suite 201

Lilburn, GA 30047

(770) 564-2999 or (888) 328-0500

Fax: (770) 564-9327

PERSONAL FINANCIAL STATEMENT AS OF : _____, **20**_____

Name of Individual		Social Security Number		Date of Birth	
Name of Spouse		Social Security Number		Date of Birth	
Residential Address (Street, City, State, Zip Code)				Home Phone Number (Including Area Code)	
ASSETS			LIABILITIES		
Cash in Banks:				Loans Payable (Banks):	
Notes Receivable:				Notes Payable:	
Accounts Receivable:				Accounts Payable:	
Stocks/Bonds/Securities:				Taxes Payable:	
Real Estate (Residence):				Mortgages Payable:	
Real Estate (Investment/Other):				Other Liabilities:	
Cash Value Life Insurance:					
Personal Property:				TOTAL LIABILITIES:	
Other Assets:				NET WORTH:	
TOTAL ASSETS:				TOTAL NET WORTH & LIABILITIES:	
INCOME	Salary: \$		Spouse's Salary: \$		TOTAL INCOME:
	Bonus/Other: \$		Bonus/Other: \$		\$
SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES					
(NOTE: All data listed above must appear in the appropriate schedules. Insert "NONE" where appropriate.)					
CASH IN BANKS					
Bank Name, Branch & Location			Account Number		Amount
NOTES & ACCOUNTS RECEIVABLE					
Name & Address of Debtor		Amount	Due Date	Pledged (yes/no)	Security
STOCKS/BONDS/SECURITIES					
Name & Number(s) of Stock, Bond or Security		No. of Shares	Price/Share	Market Value	Exchange & Call Sign

REAL ESTATE							
Location/Description	Year Acquired	Cost	Market Value	Monthly Income	Monthly Pavmen	Mortgage Balance	Mortgage or Lienholder
CASH VALUE OF LIFE INSURANCE							
Name of Insurance Company	Beneficiary	Face Value	Cash Value	Loans Outstanding			
OTHER ASSETS							
Description	Title Holder	Cost	Market Value	Age of Asset			
LOANS PAYABLE							
Name of Lender	Address	Balance Due	Amount Due in One Year	How Secured			
ACCOUNTS & NOTES PAYABLE (Including Charge Accounts)							
Payable to Whom	Address	Amount	Monthly Payment	Due Date	How Secured		
TAXES PAYABLE (State & Federal)							
Description	Amount	Date Payment is Due					
OTHER LIABILITIES							
Description	Payable to Whom	Amount	Monthly Payment	Due Date	How Secured		

Are you contingently liable or an endorser on any bonds or other obligations? YES NO
 Are you involved in any litigation? YES* NO Have you filed for bankruptcy in the last 7 years? YES* NO
 *Explain all "YES" answers on a separate sheet of paper.

I/We hereby certify and declare that the above statements presents accurately my/our financial condition to the best of my/our knowledge and belief and I/we hereby authorize and request any person, firm or corporation requested by BDH Associates, Inc. concerning any transaction with the undersigned; and BDH Associates, Inc. is authorized to obtain information to confirm this financial statement and may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies for the sole purpose of securing suretyship, co-suretyship and/or reinsurance.

By: _____ Date: _____ By: _____ Date: _____