



Personal Financial Statement

(Each co-applicant must submit a separate application unless the co-applicant is a spouse)

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Personal Financial Statement

Please read the following directions before completing this Personal Financial Statement. Check the applicable box(es):

1. Use of Individual Credit Complete all sections, except Section 2, if you are applying for individual credit in your own name and are relying solely on your own income or assets for repayments or if this personal financial statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s).

OR

2. Use of Joint Credit: Complete all sections, including Section 2, if:

A. you are applying for joint credit with another person. please provide information about the joint applicant.

and/or

B. you are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as basis for repayment of the credit requested. Please provide information about the person on whose alimony, support or maintenance payment or income or assets you are relying.

and/or

C. this is a joint guaranty of the indebtedness of other person(s), firm(s), or corporation(s). Please provide information about the joint guarantors.

3. Please initial each page where indicated.

Section 1 Individual / Applicant Information	Section 2 Spouse Information
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Full Name _____

Full Name _____

Current Address (Street, City, State, Zip Code)

Current Address (Street, City, State, Zip Code)

Position or Occupation

Position or Occupation

Business Name _____ Year in Business _____

Business Name _____ Year in Business _____

Full Business Address

Full Business Address

Home Number _____ Business Number _____ Fax _____

Home Number _____ Business Number _____ Fax _____

List all other business owned or currently interested in:

List all other business owned or currently interested in:

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Section 3 Balance Sheet

Statement of Financial Condition as of _____

Assets	Dollars	Jt*	Liabilities	Dollars
Cash & Short-term investments (Schedule A)	\$ _____	<input type="checkbox"/>	Outstanding Credit Card Balances	\$ _____
Stocks & Bonds (readily marketable) (Schedule B)	\$ _____	<input type="checkbox"/>	Taxes Payable	\$ _____
Unlisted Securities (Schedule C)	\$ _____	<input type="checkbox"/>	Policy Loan (life insurance) (Schedule D)	\$ _____
Notes Receivable & Accounts Receivable	\$ _____	<input type="checkbox"/>	Mortgages/Obligations (Schedule F & G)	\$ _____
Cash Surrender Value - Life Insurance	\$ _____	<input type="checkbox"/>	Notes and Accounts Payable (Schedule H)	\$ _____
General/Ltd Partnership Interests (Schedule E)	\$ _____	<input type="checkbox"/>	Other Liabilities (please list below)	\$ _____
Retirement Accounts	\$ _____	<input type="checkbox"/>	_____	\$ _____
Personal Property	\$ _____	<input type="checkbox"/>	_____	\$ _____
Automobiles	\$ _____	<input type="checkbox"/>	_____	\$ _____
Real Estate - Personal Residences (Schedule F)	\$ _____	<input type="checkbox"/>	_____	\$ _____
Real Estate - Investments (Schedule G)	\$ _____	<input type="checkbox"/>	_____	\$ _____
Real Estate Investments (Direct & Partner)	\$ _____	<input type="checkbox"/>	_____	\$ _____
Cash & Short-term investments	\$ _____	<input type="checkbox"/>	_____	\$ _____
Other Assets	\$ _____	<input type="checkbox"/>	_____	\$ _____
_____	\$ _____	<input type="checkbox"/>	_____	\$ _____
_____	\$ _____	<input type="checkbox"/>	_____	\$ _____
_____	\$ _____	<input type="checkbox"/>	_____	\$ _____
TOTAL ASSETS	\$ _____		TOTAL LIABILITIES	\$ _____

(Attach additional schedules as needed)

Section 4 Income Statement

Annual Income	Applicant	Spouse	Annual Expenses	Applicant	Spouse
Salary	\$ _____	\$ _____	Home Mortgage (principal/interest)	\$ _____	\$ _____
Bonus & Commissions	\$ _____	\$ _____	Loan Payments (including other R/E)	\$ _____	\$ _____
Interest & Dividends	\$ _____	\$ _____	Income Tax (state and federal)	\$ _____	\$ _____
Alimony, Separate Maintenance, Child	\$ _____	\$ _____	Planned or Required Invests Partnership Contributions	\$ _____	\$ _____
Capital Gains	\$ _____	\$ _____	Capital Gains	\$ _____	\$ _____
Real Estate Income	\$ _____	\$ _____	Real Estate Income	\$ _____	\$ _____
Other Income (please list below)	\$ _____	\$ _____	Other Income (please list below)	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
GROSS INCOME	\$ _____		Total Liabilities	\$ _____	

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Section 5 Contingent Liabilities (include brief description)

	Applicant	Spouse
As endorser or guarantor on notes/leases/contracts: _____	\$ _____	\$ _____
On letters of credit: _____	\$ _____	\$ _____
Current or pending suits or other litigation: _____	\$ _____	\$ _____
Other (Partnership, etc.) explain: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Schedule A: Cash & Short-Term Investments (certificates of deposit, commercial paper, money market funds, etc.)

Name of Institution	Savings Accounts (\$ amounts)	Checking (\$ amounts)	Other Short Term Investments (type and \$ amount)	Total (\$ amounts)	Pledged? (Y/N)	Owner Code
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Schedule B: Stocks & Bonds (include U.S. Government and marketable securities)

Number of Shares or Face Value (Bonds)	Description (\$ amounts)	Market Value (\$ amounts)	Margin? (Y/N)	Restricted (Y/N)	Pledged? (Y/N)	Owner Code
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Schedule C: Unlisted Securities

Number of Shares	Description	Source of Value	Value	% of Co. Owned	Pledged? (Y/N)	Owner Code
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Schedule D: Life Insurance Carried (include individual and group insurance)

Insurance Co. Name	Owner of Policy	Beneficiary	Face Value	Policy Loans	Cash Surrender Value	Assigned? (Y/N)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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Schedule E: General and/or Limited Partnership Interests (please attach K-1)

Name of Partnership	Type of Investment	(L)imited (G)eneral	Amount Invested	Fair Market Value of Interest	Annual Contribution Required	Pledged? (Y/N)	Owner Code
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Schedule F: Real Estate (personal residences)

Description / Address of Property	Mortgage Holder	Maturity Date	Title in Name Of	Purchase Date	Cost	Present Loan Balance (Y/N)	Monthly Payment	Market Value
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Schedule G: Real Estate Investments

Description / Address of Property	Mortgage Holder	Maturity Date	% Owned	Title in Name Of	Purchase Date	Cost	Present Loan Balance	Market Value	Total Annual Rent Income	Monthly Loan Payment (Y/N)
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Schedule H: Notes & Accounts Payable (also include credit lines & other commitments even if unused)

Name of Creditor	Original Amount of Loan	Payments / Repayment Terms	Maturity Date	Interest Rate	Description of Collateral (if any)	Balance Owning
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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Personal Information

Do you have a will?

Yes No If yes, name of executor: _____ Number of Dependents: ___ Ages: ___

Are you a partner or officer in any venture other than described on schedules?

Yes No If yes, describe: _____

Are any assets pledged other than described on schedule?

Yes No If yes, describe: _____

Have you ever been cleared bankrupt?

Yes No If yes, describe: _____

Are there any outstanding judgments against you?

Yes No

Do you have disability insurance?

Yes No

Income tax settled through (date): _____

Alimony, Child Support / Maintenance Expense? _____

Additional Documents

Please provided (attached) a copy of two prior years of your personal federal tax returns as well as two prior years of your business federal tax returns.

Personal Financial Statement Authorization Disclosure

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with the Landlord on behalf of the undersigned or person(s), firm(s), or corporations, in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in the Landlord's favor. Each undersigned understands that the Landlord is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information is true and complete and that the Landlord may consider this statement as continuing to be true and correct until a written notice of change is given to the Landlord, by the undersigned. The landlord and/or their agents are authorized to make all inquires deemed necessary which will not be limited to the running of consumer reports, business reports, and/or any and all references given or discovered to verify the accuracy of the statements made herein to determine the credit worthiness of the undersigned prior to the approval of the disapproval of this leasing application. Any false statement on the application will lead to rejection or your application or termination of your lease contract. Also, the Landlord is authorized to answer questions about any questions about your credit experience with the undersigned. **I further understand that I will be required to submit an original letter from my bank(s) showing the average monthly balance. This letter must be signed by a bank officer.**

Signature (Individual)	Printed Name	SSN	Date of Birth	Date
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_____	_____	_____	_____	_____
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Signature (Spouse)	Printed Name	SSN	Date of Birth	Date
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_____	_____	_____	_____	_____
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