

PERSONAL FINANCIAL STATEMENT AS OF

Date

SUBMITTED TO: INSIGNIA Financial Services LLC

PERSONAL INFORMATION

APPLICANT (NAME)				CO-APPLICANT (NAME)			
Employer				Employer			
Address of Employer				Address of Employer			
Business Phone No.	No. of Years wit Employer	Title/Position		Business Phone No.	No. of Years with Employer	Title/Position	
Name of pervious employers & position (if with current employer less than 3 yrs.)			No. of Yrs.	Name of pervious employers & position (if with current employer less than 3 yrs.)			No. of Yrs.
Home Address				Home Address			
Home Phone No.	Social Security No.	Date of Birth		Home Phone No.	Social Security No.	Date of Birth	
Name, Phone No. of your Accountant				Name, Phone No. of your Accountant			
Name, Phone No. of your Attorney				Name, Phone No. of your Attorney			
Name, Phone No. of your Investment Advisor/Broker				Name, Phone No. of your Investment Advisor/Broker			
Name, Phone No. of your Insurance Advisor				Name, Phone No. of your Insurance Advisor			

Cash Income & Expenditures Statement for year Ended

(omit cents)

ANNUAL INCOME	AMOUNT (\$)
Salary (applicant)	
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
Total Income	\$

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal Income and Other Taxes	
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	Residential
	Investment
Property Taxes	Residential
	Investment
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expense	
Medical Expenses	
Other Expenses (List)	
Total Expenditures	\$

Any significant changes expected in the next 12 months? Yes No (if yes, attach information)

** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Schedule B – Insurance

Life insurance (use additional sheet if necessary)

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule C – Personal Residence & Real Estate Investment, Mortgage Debt (majority ownership only)

- See Page 5 for additional lines

Personal Residence									
Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

Investment									
Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

Schedule D – Partnership (less than majority ownership for real estate partnerships)*

Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnership: Notes, Cash Call	Final Contribution Date
Business/Professional (indicate name):						
Investments (Including Tax Shelter):						

* Note: for investments which represent a material portion of your total assets, please include relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s.

Schedule E – Notes Payable

Due to	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

Please Answer The Following Questions:

1. Income tax returns filed through (date): _____ Are any returns currently being audited or contested? Yes No If yes, what year(s)? _____
2. Have (either of) you or any firm which you were a major owner ever declared bankruptcy? Yes No
If yes, please provide details: _____
3. Have you drawn a will? Yes No
If yes, please furnish the name of the executor(s) and year will was drawn: _____
4. Number of Dependents (excluding self) and relationship to applicant: _____
5. Have you ever had a financial plan prepared for you? Yes No
6. Did you include two years federal and state tax returns? Yes No
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? Yes No
If so, please indicate where, how much, and name of banker: _____
8. Do you anticipate any substantial inheritances? Yes No
If yes, please explain: _____
9. Do you or the entity involved in this transaction have any involvement with the marijuana industry? Yes No
If yes, please explain: _____

Representations and Warranties

The Information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any for the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Date

Your Signature

Date

Co-Applicant's Signature (if you are requesting the financial accommodation jointly)

