

Amerifund, Inc.
 9019 E. Bahia Dr., #100
 Scottsdale, AZ 85260-6953

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 fax 480-607-0125
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Personal Financial Statement

Date:

Name _____
 Address _____
 City, State, Zip _____
 Social Security # _____
 Date of Birth _____
 Position or Occupation _____
 Business Name _____
 Bus. Address _____
 City, State, Zip _____
 Length at present Address: _____
 Length of employment _____

Name _____
 Address _____
 City, State, Zip _____
 Social Security # _____
 Date of Birth _____
 Position or Occupation _____
 Business Name _____
 Bus. Address _____
 City, State, Zip _____
 Length at present Address: _____
 Length of employment _____

Res. Phone:

Bus. Phone:

Res. Phone:

Bus. Phone:

Have (either of) you or any firm in which you were a major owner ever declared bankruptcy, or settled for debts for less than the amounts owed? If yes, please provide details on a separate sheet. Yes No, When _____

Are (either of) you a defendant in any suit or legal action? Yes No, When _____

Are (either of) you presently subject to any unsatisfactory judgements or tax liens? Yes No, When _____

When, if ever, have (either of) you been audited by IRS? Yes No, When _____

ASSETS	IN EVEN DOLLARS	LIABILITIES	IN EVEN DOLLARS
Cash on Hand		Notes Payable to Banks	
Marketable Securities – See Schedule A		Due to Brokers	
Non-Marketable Securities – See Schedule B		Amounts Payable to Others	
Securities held by Broker in Margin Accounts		Loans on Life Insurance – See Schedule E	
Restricted or Control Stocks		Accounts and Bills Due	
Partial Interest in Real Estate Equities		Unpaid Income Tax	
Partnership Interests – See Schedule C		Other Unpaid Taxes and Interest	
Real Estate Owned – See Schedule D		Real Estate Mortgages Payable See Schedule D	
Loans Receivable		Other Debts – Itemize	
Automobiles and Other Personal Property			
Other Assets – Itemize			
		Total Liabilities	\$
		Net Worth	\$
Total Assets	\$	Total Liabilities & Net Worth	\$

ANNUAL SOURCE OF INCOME

CONTINGENT LIABILITIES

Salary, Bonus & Commissions		Do you have any Contingent Liabilities	
Dividends		As Endorser, Co-Maker, or Guarantor	
Real Estate Income		On Leases or Contracts	
TOTAL		Legal Claims	
Less Living Expenses		Other Special Debt	
NET INCOME		Amount of Contested Income Tax Liens	

SCHEDULE A – U.S. GOVERNMENTS AND MARKETABLE SECURITIES

No. of Shares or Face Value (Bonds)	Description	In Name Of	Market Value	Where Pledged

SCHEDULE B – NON MARKET SECURITIES

Description of Securities	In Name Of	No. of Shares Owned	Book Value Per Financial Statement Dated _____	No. of Shares Outstanding	Total Value of Undersigned's Holdings

SCHEDULE C – PARTIAL INTEREST IN REAL ESTATE EQUITIES OR PARTNERSHIP INTERESTS

Location of Property or Name of Partnership	Owner of Record	% of Ownership	Type	Year of Purchase	Cost	Market Value	Mortgage or Land Contract	Value of Equity

SCHEDULE D – REAL ESTATE OWNED

Description of Property and Improvements	Date Acquired	Title In Name Of	Cost	Market Value	Mortgage or Land Contract	Annual Net Cash Flow	Annual Payment Amount

SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Face Amount	Name of Company	Owner	Beneficiary	Cash Surrender Value	Loans

SCHEDULE F – NAME OF BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name and Address	Original Date	High Credit	Owe Currently	Secured or Unsecured

The undersigned, as owners(s) of the assets described herein, certifies that both sides hereof and the information inserted therein has been carefully read and is true, correct and complete. Any willful overvaluation of any property shown on this financial statement could result in fine and/or imprisonment under provisions of the U.S. Criminal Code, 18, U.S.C. 1014.

Signature_____
Date_____
Signature_____
Date