



Physician Finance
Consulting, Inc.

PERSONAL FINANCIAL STATEMENT

4907 Bayshore Blvd. Tampa, FL 33611 Phone: 813-835-1253 Fax: 866-567-3125

Section 1. Assets and Liabilities

Legal Name Practice: _____

Applicant Name: _____ SS #: _____ Date Of Birth: _____

Spouse Name: _____ SS #: _____ Date Of Birth: _____

Address, City, State Zip: _____

Home Phone Number: _____ Business Phone Number: _____

Have you ever filed for Bankruptcy (with in the last 10 years)? Yes No Do you have any Tax Liens? Yes No

ASSETS	Value	LIABILITIES	Balance	Monthly Pmt
Cash On Hand:	\$	Credit Cards:	\$	\$
Checking (Personal):	\$	Charge Accounts:	\$	\$
Checking (Business):	\$	Individuals	\$	\$
Savings (Personal):	\$	Student Loans:	\$	\$
Savings (Business):	\$	Bank Loans (if more than 1 see Section 2):	\$	\$
Stocks & Bonds (Listed):	\$	Contingent Liabilities (See Section 4.):	\$	\$
Value Of Practice (w/Equipment):	\$	Practice Loans:	\$	\$
Life Insurance (Cash Value Only! NO Term):	\$	Alimony/Child Support:	\$	\$
Other: _____	\$	Other:	\$	\$
Real Estate (Primary Residence):	\$	Mortgage (Primary Residence) (See Section 3) :	\$	\$
Real Estate (if more than 1 see page 2):	\$	Mortgage(s) (See Section 3):	\$	\$
IRA/401K/SEP/KEOGH:	\$	Unpaid Taxes:	\$	\$
Automobiles:	\$	Leases (Auto or Others):	\$	\$
Account Receivable:	\$			
Personal Property:	\$	Total Monthly Payment's:	\$	

TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
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TOTAL NET WORTH = (Total Assets (-) Total Liabilities)	\$
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Gross Income 2005 (1040 Line 32):	\$	Schedule "C" Income (Business Income):	\$
Schedule "E" Income (Real Estate Income):	\$	Additional Income:	\$

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Section 2. Notes Payable To Banks And Others

Name and Address of Note Holder(s)	Original Balance	Current Balance	Payment Amount	Terms	Type Of Collateral
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

Section 3. Real Estate Owned (List each property separately. Use attachment if necessary. Each attachment must be identified as part of this statement and signed)

	Property A	Property B	Property C	Property D
Type Of Property				
Address				
Date Purchased				
Original Cost	\$	\$	\$	\$
Present Market Value	\$	\$	\$	\$
Name Of Mortgage Holder				
Mortgage Balance	\$	\$	\$	\$
Monthly Payment Amount	\$	\$	\$	\$
Terms				

Section 4. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due and to what property, If any, a tax lien attaches)

I authorize Physician Finance Consulting, Inc. and/or its assignees to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by U.S. Attorney General (Reference 18 U.S.C. 1001.)

X

Signature

Date