

**WELLS
FARGO**

Personal Financial Statement

To: _____

If I have any questions regarding the completion of this form, I should contact my Wells Fargo representative.

APPLICANT

Name _____

Social Security number _____

Address _____

Time at Residence _____

Telephone number _____

Date of birth _____

Present employer _____

Position _____

Address _____

Time at Employer _____

Business phone _____

Loan purpose _____

CO-APPLICANT

Name _____

Social Security number _____

Address _____

Time at Residence _____

Telephone number _____

Date of birth _____

Present employer _____

Position _____

Address _____

Time at Employer _____

Business phone _____

Loan purpose _____

Date of valuation _____

- Attach separate sheet if you need more space to complete detail schedule
- Round all amounts to the nearest \$100

Assets (assets you own)	Amount			Liabilities (debts you owe)	Amount		
Cash in this bank: Checking				Loans payable to banks (schedule 7)			
Savings				Loans payable to others (schedule 7)			
C.D.s				Installment contracts payable (schedule 7)			
IRA				Amounts due to dept. stores and others			
Cash in other banks				Credit cards (MasterCard, Visa & others)			
				Income taxes payable			
Due from friends, relatives and others (schedule 1)				Other taxes payable			
Deeds of trust and contracts for deed owned (schedule 2)				Loans on life insurance (schedule 4)			
Securities owned/Retirement accounts (schedule 3)				Deeds of trust on homestead (schedule 6)			
Cash surrender value of life insurance (schedule 4)				Deeds of trust or liens on other real estate owned (schedule 6)			
Homestead (schedule 5)				Contracts for deed (schedule 6)			
Other real estate owned (schedule 5)				Other liabilities (detail)			
Automobiles (year, make, model)							
Personal property							
Other assets (detail)							
TOTAL ASSETS				TOTAL LIABILITIES			
				Net worth (total assets less total liabilities)			
TOTAL				TOTAL			

Annual Income	Applicant			Co-applicant			Contingent Liabilities	Amount		
Salary							As endorser			
Commissions							As guarantor			
Dividends							Lawsuits			
Interest							For taxes			
Rentals							Other (detail)			
Alimony, child support or maintenance (you need not show this unless you wish us to consider it).										
Other							<input type="checkbox"/> Check here if "none"			
TOTAL INCOME							TOTAL CONTINGENT LIABILITIES			

SCHEDULE 1 DUE FROM FRIENDS, RELATIVES AND OTHERS

Name of debtor	Owed to	Collateral	How payable	Maturity Date	Unpaid balance		
			\$ per				
			\$ per				
			\$ per				
TOTAL							

SCHEDULE 2 DEEDS OF TRUST AND CONTRACTS FOR DEED OWNED

Name of debtor	Type of property	1 st or 2 nd lien	Owed to	How payable	Unpaid balance		
				\$ per			
				\$ per			
				\$ per			
				\$ per			
TOTAL							

SCHEDULE 3 SECURITIES OWNED/RETIREMENT ACCOUNTS

No. shares or Bond amount	Description	In whose name(s) registered	Cost			Present Market Value			L- listed U - unlisted
TOTAL									

SCHEDULE 4 LIFE INSURANCE

Insured	Insurance company	Beneficiary	Face value of policy			Cash Value			Loans		
TOTAL											

SCHEDULE 5 REAL ESTATE

Address and type of property	Title in name(s) of	Monthly Income	Cost		Present Market value			Amount of Insurance		
			Year acquired							
Homestead			\$							
			Year							
			\$							
			Year							
			\$							
			Year							
			\$							
			Year							
			\$							
			Year							

SCHEDULE 6 DEEDS OF TRUST OR LIENS ON REAL ESTATE

To whom payable	How payable	Interest Rate	Maturity Date	Unpaid Balance		
Homestead	\$ per					
	\$ per					
	\$ per					
	\$ per					

SCHEDULE 7 LOANS PAYABLE TO BANKS & OTHERS AND INSTALLMENT CONTRACTS PAYABLE

To whom payable	Address	Collateral or Unsecured			Maturity Date	Unpaid Balance		
			How payable					
			\$ per					
			\$ per					
			\$ per					
			\$ per					
			\$ per					
			\$ per					
			\$ per					

	APPLICANT	CO-APPLICANT
<i>Have I ever gone through bankruptcy or had a judgment against me?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Are any assets pledged or debts secured except as shown?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Have I made a will?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Number of dependents (if none, check "None")</i>	_____ <input type="checkbox"/> None	_____ <input type="checkbox"/> None
<i>Marital status [answer only if this financial statement is provided in connection with a request for secured credit, applicant is seeking a joint account with spouse, or applicant or co-applicant is a resident of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin) or is relying on property located in such a state as a basis for repaying the credit requested.]</i>	<input type="checkbox"/> Married	<input type="checkbox"/> Married
	<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Unmarried
	<i>(Unmarried includes single, divorced, widowed)</i>	<i>(Unmarried includes single, divorced, widowed)</i>

The foregoing statement, submitted for the purpose of obtaining approval for a short sale transaction, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the short sale in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

Date My signature

Date Co-applicant signature