

**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) | | | |
| Due from friends, relatives and others (schedule 1) | | | | Income taxes payable | | | |
| Deeds of trust and contracts for deed owned (schedule 2) | | | | Other taxes payable | | | |
| Securities owned/Retirement accounts (schedule 3) | | | | Loans on life insurance (schedule 4) | | | |
| Cash surrender value of life insurance (schedule 4) | | | | Deeds of trust on homestead (schedule 6) | | | |
| Homestead (schedule 5) | | | | Deeds of trust or liens on other real estate owned (schedule 6) | | | |
| Other real estate owned (schedule 5) | | | | Contracts for deed (schedule 6) | | | |
| Automobiles (year, make, model) | | | | Other liabilities (detail) | | | |
| 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 |
|---------------------------|-------------|-----------------------------|------|--|--|----------------------|--|--|---------------------------|
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| 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 | How payable | Maturity Date | Unpaid Balance | |
|-----------------|---------|-------------------------|-------------|---------------|----------------|--|
| | | | \$ per | | | |
| | | | \$ per | | | |
| | | | \$ per | | | |
| | | | \$ per | | | |
| | | | \$ per | | | |
| | | | \$ per | | | |
| | | | \$ per | | | |

Have I ever gone through bankruptcy or had a judgment against me?

APPLICANT
 Yes No

CO-APPLICANT
 Yes No

Are any assets pledged or debts secured except as shown?

Yes No

Yes No

Have I made a will?

Yes No

Yes No

Number of dependents
(if none, check "None")

_____ None

_____ None

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.]

Married

Married

Separated

Separated

Unmarried

Unmarried

(Unmarried includes single, divorced, widowed)

(Unmarried includes single, divorced, widowed)

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