



**PERSONAL FINANCIAL STATEMENT AS OF \_\_\_\_\_**  
**SUBMITTED TO: NJEDA**

**Personal Information**

APPLICANT (NAME)			CO-APPLICANT (NAME)		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No	No. of Years w/Employer	Title/Position	Business Phone No	No. of Years w/Employer	Title/Position
Name of previous employer & position (if with current employer less than 3 years)		No of years	Name of previous employer & position (if with current employer less than 3 years)		No of years
Home Address			Home Address		
Home Phone No.	Social Security No.	Date of Birth	Home Phone No.	Social Security No.	Date of Birth
Email Address:			Email Address:		

**Cash Income & Expenditures Statement For Year Ended \_\_\_\_\_ (Omit cents)**

ANNUAL INCOME	AMOUNT (\$)	ANNUAL EXPENDITURES	AMOUNT (\$)
Salary (applicant)	\$	Federal Income and Other Taxes	\$
Salary (co-applicant)		State Income and Other Taxes	
Bonuses & Commissions (applicant)		Rental Payments, Co-op or Condo Maintenance	
Bonuses & Commissions (co-applicant)		Mortgage Payments Residential / Investment	
Rental Income		Property Taxes Residential / Investment	
Interest Income		Interest & Principal Payments on Loans	
Dividend Income		Insurance	
Capital Gains		Investments (including tax shelters)	
Partnership Income		Alimony / Child Support	
Other Investment Income		Tuition	
Other Income** (List)		Other Living Expenses	
		Medical Expense	
		Other Expenses ( List )	
<b>TOTAL INCOME</b>	<b>\$</b>	<b>TOTAL EXPENDITURES</b>	<b>\$</b>

Any significant changes in the last 12 months?

Yes       No      (If yes, attach information)

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

**Balance Sheet as of \_\_\_\_\_**

<b>ASSETS</b>	<b>AMOUNT (\$ )</b>	<b>LIABILITIES</b>	<b>AMOUNT (\$ )</b>
Cash (including money market accounts, CD's)		Notes Payable Secured Unsecured	
Readily Marketable Securities (Schedule A)		Accounts Payable (including credit cards)	
Non-Readily Marketable Securities (Schedule A)		Margin Accounts	
Accounts and Notes Receivable		Notes Due: Partnership (Schedule D)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Taxes Payable	
Residential Real Estate (Schedule C)		Mortgage Debt (Schedule C)	
Real Estate Investments (Schedule C)		Life Insurance Loan (Schedule B)	
Partnerships / PC Interests (Schedule D)		Other Liabilities (List)	
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accounts			
Deferred Income (Number of years deferred _____)			
Personal Property (including automobiles)			
Other Assets (List)		TOTAL LIABILITIES	\$
TOTAL ASSETS	\$	NET WORTH	\$

**CONTINGENT LIABILITIES**

Are you a guarantor, co-maker or endorser for any debt of an individual, corporation or partnership?  Yes  No \$  
 Do you have any outstanding letters of credit or surety bonds?  Yes  No \$  
 Are there any suits or legal actions pending against you?  Yes  No \$  
 Are you contingently liable on any lease or contract?  Yes  No \$  
 Are any of your tax obligations past due?  Yes  No \$  
 What would be your total estimated tax liability if you were to sell your major assets?  
 If yes for any of the above, give details.

**Schedule A - All Securities (including non-money market mutual funds)**

No. of shares (Stock) or Face Value (Bonds)	DESCRIPTION	CURRENT MARKET VALUE	PLEDGED	
			YES	NO
<b>READILY MARKETABLE SECURITIES (including US Government &amp; Municipals)</b>				
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
<b>NON-READILY MARKETABLE SECURITIES</b>				
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

\* If not enough space, attach a separate schedule or brokerage statement and enter total only.

**Schedule B - Insurance**

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

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

**Schedule C - Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)**

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

**Schedule D - Partnerships (less than majority ownership for real estate partnership) \***

Type of Investment	Date of Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contr. Date
Business/Professional (indicate Name):						
Investments (including Tax Shelters):						

\* NOTE: For investments that represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments of 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"/>				

\* If not enough space use an additional sheet

### **Please Answer the Following Questions:**

1. Have (either of) you or any firm of which you were a major owner ever declared bankruptcy?  Yes  No

2. Do (either of) you have a line of credit or unused credit at any other institution(s)?  Yes  No

If so, please indicate where, how much, and name of banker:

11. **What is the primary purpose of the *Journal of Clinical Endocrinology and Metabolism*?**