ALLEGHENY COUNTY GEDF FUND
PERSONAL FINANCIAL STATEMENT

Submitted To: Redevelopment Authority of Allegheny County

SECTION 1 – Individual Information (type or print)	**SECTION 2**- Other Party Information (type or print)
Name	Name
Address	Address
City, State & Zip	City, State & Zip
Position or Occupation	Position or Occupation
Business Name	Business Name
Business Address	Business Address
City, State, & Zip	City, State, & Zip
Res. Phone	Res. Phone
Bus. Phone	Bus. Phone

SECTION 3 – Statement of Financial Condition as of _____ Year_____

ASSETS (Do Not include assets of doubtful value)	**In Dollars** (Omit cents)	**LIABILITIES**	**In Dollars** (Omit cents)
Cash on hand and in this bank		Notes payable to bank-SEE Schedule E	
Cash in other Banks		Notes payable to other institution- SEE Schedule E	
U.S. Gov't &marketable securities-SEE Schedule A		Due to Brokers	
Non-Marketable Securities- SEE Schedule B		Amounts payable to others-secured	
Securities held by broker in margin accounts		Amounts payable to others-unsecured	
Restricted, control, or margin account stocks		Accounts and bills due	
Real Estate equities- SEE Schedule C		Unpaid income taxes and interest	
Accounts, Loans, and note receivable		Real Estate mortgages payable-SEE Schedule C &E	
Automobiles		Other debts (car loans, credit cards, etc.)- Itemize	
Other personal property			
Cash surrender value-life insurance- SEE Sch D			
Other assets-itemize-SEE Schedule F if applicable			
		Total Liabilities	
		Net Worth	
Total Assets		**Total Liabilities & Net Worth**	

SECTION 4- Annual Income For Year Ended _____ _____	**Annual Expenditures**	**Contingent Liabilities**	**Estimated Amounts**
Salary, bonuses, & commissions $_____	Mortgage Rent Payments $_____	DO YOU HAVE ANY Yes No	$ _____
Dividends & Interest _____	Real Estate taxes & assessments _____	Contingent liabilities as endorser, Co-maker or guarantor? ___ ___	_____
Real Estate Income _____	Taxes- federal, state & local _____	Involvement in pending legal Actions? ___ ___	_____
Other Income _____	Insurance payments _____	Other special debt or circumstances ___ ___	_____
	Other contract payments _____ (Car payments, credit cards, etc.) _____	Contested income tax liens? ___ ___	
	Alimony, child support, Maintenance _____	Prior bankruptcy (10 years) ___ ___	
	Other expenses _____	If "yes" to any question(s) describe:	
Total Income $	Total Expenditures $	Total Contingent Liabilities $	

COMPLETE ATTACHED SCHEDULES AND SIGN

SCHEDULE A- U.S. GOVERNMENT & MARKETABLE SECURITIES

NUMBER OF SHARES OR FACE VALUE OF BONDS	DESCRIPTION	IN NAME OF	ARE THESE REGISTERED OR HELD BY OTHERS	MARKET VALUE

SCHEDULE B- NON-MARKETABLE SECURITIES

NUMBER OF SHARES	DESCRIPTION	IN NAME OF	ARE THESE REGISTERED OR HELD BY OTHERS?	VALUE	SOURCE OF VALUE

SCHEDULE C – RESIDENCES AND OTHER REAL ESTATE EQUITIES (PARTIALLY OR WHOLLY OWNED)

ADDRESS AND TYPE OF PROPERTY	TITLE IN NAME OF	% OF OWNERSHIP	DATE ACQUIRED	COST	MARKET VALUE	MONTHLY PAYMENT	MORTGAGE AMOUNT	MORTGAGE MATURITY

SCHEDULE D- LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

NAME OF INSURANCE COMPANY	OWNER OF POLICY	BENEFICIARY AND RELATIONSHIP	FACE AMOUNT	POLICY LOANS	CASH SURRENDER VALUE

SCHEDULE E- BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

NAME AND ADDRESS OF CREDITOR	ORIGINAL LOAN/ LINE AMOUNT	DATE OF LOAN	MATURITY DATE	UNSECURED OR SECURED (LIST COLLATERAL)	AMOUNT OWED

SCHEDULE F – BUSINESS VENTURES

LIST NAME & ADDRESS OF ANY BUSINESS VENTURE IN WHICH YOU ARE A PRINCIPAL OR PARTNER	TOTAL ASSETS LISTED IN SECTION 3	YOUR % OF OWNERSHIP	YOUR POSITION/ TITLE IN THE BUSINESS	TOTAL ASSETS OF BUSINESS	LINE OF BUSINESS	YEARS IN BUSINESS

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquires you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Signature (individual) _____
Social Security # _____
Date signed_____, _____ Date of Birth _____

Signature (individual) _____
Social Security # _____
Date signed_____, _____ Date of Birth _____