

Franchisee Financial Statement

Note: Complete all blocks, except shaded areas. Write "N/A" (not applicable) in those blocks that do not apply.

1 Debtor(s) name(s) and address	2 Home phone number	3 Marital status
	4a Debtor's social security number	4b Spouse's social security number

Section I Employment Information

5 Debtor employer or business (<i>name and address</i>)	a How long employed ()	b Business phone number ()	c Occupation
	d Number of exemptions claimed on Form W-4	e Pay period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Payday.....(Mon-Sun)	f (<i>Check appropriate box</i>) <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner
6 Spouse's employer or business (<i>name and address</i>)	a How long employed ()	b Business phone number ()	c Occupation
	d Number of exemptions claimed on Form W-4	e Pay period: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Payday.....(Mon-Sun)	f (<i>Check appropriate box</i>) <input type="checkbox"/> Wage earner <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partner

Section II Personal Information

7 Name, address and telephone number of next of kin or other relative	8 Other names or alias	9 Previous address(es)
10 Age and relationship of dependents living in your household (<i>exclude yourself and spouse</i>)		

Section III General Financial Information

11 Bank accounts (*include savings and loans, credit unions, IRA and retirement plans, certificates of deposit, etc.*) Enter bank loans in item 27.

Name of Institution	Address	Type of Account	Account No.	Balance

Total (*Enter in item 20*) ▶

12 Charge card lines of credit from banks, credit unions, and savings and loans. List all other charge accounts in item 27.

Type of Account or Card	Name and Address of Financial Institution	Monthly Payment	Credit Limit	Amount Owed	Credit Available
Totals (<i>Enter in item 26</i>)		▶			

Section III (continued) General Financial Information

13 Safe deposit boxes rented or accessed (*List all locations, box numbers, and contents*)

14 Real Property (*Brief description and type of ownership*)

Physical Address

a	County
b	County
c	County

15 Life Insurance (*Name of Company*)

Policy Number Type Face Amount Available Loan Value

		<input type="checkbox"/> Whole <input type="checkbox"/> Term		
		<input type="checkbox"/> Whole <input type="checkbox"/> Term		
		<input type="checkbox"/> Whole <input type="checkbox"/> Term		
Total (Enter in item 22) ▶				

16 Securities (*stocks, bonds, mutual funds, money market funds, government securities, etc.*):

Kind	Quantity or Denomination	Current Value	Where Located	Owner of Record

17 Other information relating to your financial condition. If you check the "Yes" box, please give dates and explain on page 4, Additional Information or Comments:

a Court proceedings Yes No | **b** Bankruptcies Yes No

c Repossessions Yes No | **d** Recent sale or other transfer of assets less than full value Yes No

e Anticipated increase in income Yes No | **f** Participant or beneficiary to trusts, estate, profit sharing, etc. Yes No

18 Taxes

a Did you file a Federal Income Tax Return last year? _____ Yes _____ No

Joint _____ Individual _____ Amount of Gross Income on return was _____

b Are you or did you receive a tax refund from Federal, State, City or County? _____ Yes _____ No *If yes, list from whom and amount of each refund:*

Entity: _____ \$ _____

Entity: _____ \$ _____

c Do you owe delinquent taxes? _____ Yes _____ No *If yes, list below years and amounts due:*

Section IV Assets and Liabilities

Description		Current Market Value	Current Amount Owed	Equity In Asset	Amount of Monthly Payment	Name and Address of Lien/Note Holder/Lender	Date Pledged	Date of Final Payment
19 Cash								
20 Bank Accounts (from item 11)								
21 Securities (from item 16)								
22 Cash or loan value of insurance								
23 Vehicles (model, year, license, tag #)								
a								
b								
c								
24 Real Property (from Section III, Item 14)	a							
	b							
	c							
25 Other assets								
a								
b								
c								
d								
e								
26 Bank revolving credit (from item 12)								
27 Other Liabilities (including bank loans, judgements, notes, and charge accounts not entered in item 11)	a							
	b							
	c							
	d							
	e							
	f							
	g							
28 Federal taxes owed (prior years)								
29 Totals				\$	\$			

Section V Monthly Income and Expenses

Total Income		Monthly Expenses	
Source	Gross		Claimed
30 Gross wages/salaries (<i>debtor</i>)	\$	41 Rent/mortgage	\$
31 Gross wages/salaries (<i>spouse</i>)		42 Child support	
32 Interest, dividends		43 Alimony	
33 Net business income		44 Car payment	
34 Rental income		45 Gasoline/auto repairs	
35 Pension (<i>debtor</i>)		46 Electricity	
36 Pension (<i>spouse</i>)		47 Natural gas	
37 Child support		48 Food	
38 Alimony		49 Cable/satellite TV	
39 Other		50 Medical expenses (out-of-pocket)	
		51 Clothing	
		52 Trash	
		53 Other	
40 Total income	\$	54 Total expenses	\$
		55 (<i>Treasury use only</i>) Net difference (<i>income less necessary living expenses</i>)	\$
Certification: Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete.			
56	signature	57 Spouse's signature (<i>if applicable</i>)	58 Date