



101 East Kennedy Blvd., Suite 1165  
Tampa, FL 33602

**CONFIDENTIAL**  
**PERSONAL FINANCIAL STATEMENT**

**CONTACT INFORMATION**

Full Legal Name:			
Home Address:			
City:	State:	Zip:	Home Phone:

**STATEMENT OF FINANCIAL CONDITION**

<b>ASSETS</b>	In Dollars	<b>LIABILITIES</b>	In Dollars
Cash on Hand and in Banks		Notes Payable to Banks	
Government & Marketable Securities (schedule A)		Amounts Payable to Others	
Privately Held Businesses (schedule B)		Credit Cards Payable	
Real Estate Owned (schedule C)		Mortgages Payable (schedule C)	
Cash Value - Life Insurance		Unpaid Taxes and Interest	
Loans Receivable		Other Debts - Itemized	
Automobiles			
Personal Property			
Other Assets - Itemized			
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>	

**SCHEDULE A**  
**U.S. GOVERNMENTS & MARKETABLE SECURITIES**

# Of Shares	In Name of	Description	Pledged (Y/N)	Market Value

**SCHEDULE B**  
**PRIVATELY HELD BUSINESSES**

# Of Shares	In Name of	Description	Pledged (Y/N)	Market Value

**SCHEDULE C**  
**REAL ESTATE OWNED**

Title In Name of	Address of Property	Date Acquired	% Own	Cost	Market Value	Mortgage(s) Total

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with Alternative Capital, ISAOA on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in Alternative Capital, ISAOA's favor. Each undersigned understands that Alternative Capital, ISAOA is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that Alternative Capital, ISAOA may consider this statement as continuing to be true and correct until a written notice of a change is given to Alternative Capital, ISAOA by the undersigned. Alternative Capital, ISAOA is hereby authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein, and to determine the credit worthiness of the undersigned. Alternative Capital, ISAOA is further authorized to answer questions about its credit experience with the undersigned.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_