REDEVELOPMENT AGENCY
OF SALT LAKE CITY

PERSONAL FINANCIAL STATMENT

Contact Information		
Name:		**Residence Phone:**
Residence Address:		
City:	**State:**	**Zip Code:**

Section 1. Assets & Liabilities

Assets		Liabilities	
Cash on hand & in Banks	$	Accounts Payable	$
Savings Accounts	$	Notes Payable & Installment Accounts	$
Accounts & Notes Receivable	$	Loans on Life Insurance	$
Life Insurance – Cash Surrender Value Only	$	Mortgages on Real Estate	$
Stocks and Bonds	$	Unpaid Taxes	$
Real Estate	$	Other Liabilities	$
Automobile – Present Value	$		
Other Personal Property	$		
Other Assets	$		
Total Assets	**$**	**Total Liabilities**	**$**

Section 2. Source of Income and Contingent Liabilities

Source of Income		Contingent Liabilities	
Salary	$	As Endorser or Co-Maker	$
Net Investment Income	$	Legal Claims & Judgments	$
Real Estate Income	$	Provision for Federal Income Tax	$
Other Income	$	Other Special Debt	$

Section 3. Notes Payable and Installment Accounts (Including Credit Cards)

Name of Creditor	Original Bal.	Current Bal.	Payment Amt.	Terms (Monthly, etc.)	How Secured or Endorsed Type of Collateral
	$	$	$		
	$	$	$		
	$	$	$		
	$	$	$		
	$	$	$		

Section 4. Stocks and Bonds (Describe brokerage account, value, and name)

Section 5. Real Estate Owned (List each parcel separately - Attach supplemental sheets if necessary)

Address of Property	Name on Title	Date Purchase	Original Cost	Present Val.	Mortgage Bal.	Payment Amt.
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$
			$	$	$	$

Section 6. Other Personal Property (Describe)

Section 7. Other Assets (Describe)

Section 8. Unpaid Taxes (Describe as to type, when due, amount, and if any liens have been filed)

Section 9. Other Liabilities (Describe)

Section 10. Life Insurance Held (Give face amount of policies, name of company and beneficiaries)

I/We hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. I/We fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, as applicable under the provisions of Title 18, United States Code, Section 101

_____ _____
Applicant Signature Date

_____ _____
Applicant Signature Date

451 South State, Room 418, PO Box 145518, Salt Lake City, Utah 84114 • 801-535-7240 • FAX: 801-535-7245 • www.slcrda.com