

**PERSONAL FINANCIAL STATEMENT**

**OF**

---

**SUBMITTED FOR CONSIDERATION BY THE  
WISE COUNTY BAIL BOND BOARD**

(SUBMIT MOST RECENT AVAILABLE FINANCIAL DATA – USE PAGE 11 TO PROVIDE EXPLANATORY NOTES TO THE PERSONAL FINANCIAL STATEMENT)

**PERSONAL FINANCIAL STATEMENT**

Name: \_\_\_\_\_ Statement Date: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Business or Occupation: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 D.B.A. (Doing Business As): \_\_\_\_\_  
 Home Address, City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ASSETS, LIABILITIES, and NET WORTH (Summary of Pages 2 through 11)**

<u>Summary of Assets</u>	<u>Reference Page</u>	<u>Amounts</u>
Cash Surrender Value Life Insurance	See Page 2	\$ _____
Money in Banks	See Page 3	\$ _____
Certificates of Deposit	See Page 4	\$ _____
Stocks and Bonds	See Page 5	\$ _____
Real Estate (Other than Homestead)	See Page 6	\$ _____
Real Estate (Homestead)	See Page 8	\$ _____
Personal Autos	See Page 8	\$ _____
Personal Property (Miscellaneous)	See Page 8	\$ _____
Business Assets (Other)	See Page 7	\$ _____
	Total	
	Assets	\$ _____
<u>Summary of Liabilities</u>	<u>Reference Page</u>	<u>Amounts</u>
Liabilities/Secured (Homestead, Autos Jewelry, etc)	See Page 9	\$ _____
Liabilities/Unsecured Credit Cards, Personal Loans, etc	See Page 10	\$ _____
	Total	
	Liabilities	\$ _____
	Total Assets	\$ _____
	Less Total Liabilities	\$ - _____
	Net Worth	\$ = _____

**PERSONAL FINANCIAL STATEMENT**

Name: \_\_\_\_\_

Statement Date: \_\_\_\_\_

ANNUAL INCOME and CURRENT ANNUAL EXPENSES

Annual Income	Amount
Salary, Bonus and Commissions	\$ _____
Dividends and interest	\$ _____
Rental and/or Lease Income (net)	\$ _____
Other Income (explain)	\$ _____
_____	\$ _____
<b>Total Income</b>	<b>\$ _____</b>

Annual Expenses	Amount
Mortgage Payments	\$ _____
Other Major Expenses (any expense paid by your personal salary and/or budget – List: _____)	\$ _____
_____	\$ _____
<b>Total Expenses</b>	<b>\$ _____</b>
<b>Total Income</b>	<b>\$ _____</b>
<b>Less Total Expenses</b>	<b>\$ - _____</b>
<b>Net Income</b>	<b>\$ = _____</b>

Net Income for the previous 3 years:

Year: \_\_\_\_\_ \$ \_\_\_\_\_  
 Year: \_\_\_\_\_ \$ \_\_\_\_\_  
 Year: \_\_\_\_\_ \$ \_\_\_\_\_

**LIFE INSURANCE**

Name of Insured	Beneficiary	Insurance Co.	Type of policy Whole/Term	Face Amount
Total loans against policy: _____			Is policy assigned? _____	
Total loans against policy: _____			Is policy assigned? _____	
Total loans against policy: _____			Is policy assigned? _____	
Total loans against policy: _____			Is policy assigned? _____	

PERSONAL FINANCIAL STATEMENT

Name: \_\_\_\_\_

Statement Date: \_\_\_\_\_

Money in Banks

Financial Institutions	Account Number	Type Checking/Savings	Amount
Name:			\$ _____
Address:			
Phone:			
Contact Name:			
<hr/>			
Name:			\$ _____
Address:			
Phone:			
Contact Name:			
<hr/>			
Name:			\$ _____
Address:			
Phone:			
Contact Name:			
<hr/>			
Name:			\$ _____
Address:			
Phone:			
Contact Name:			
<hr/>			
Name:			\$ _____
Address:			
Phone:			
Contact Name:			
<hr/>			

Total \$ \_\_\_\_\_

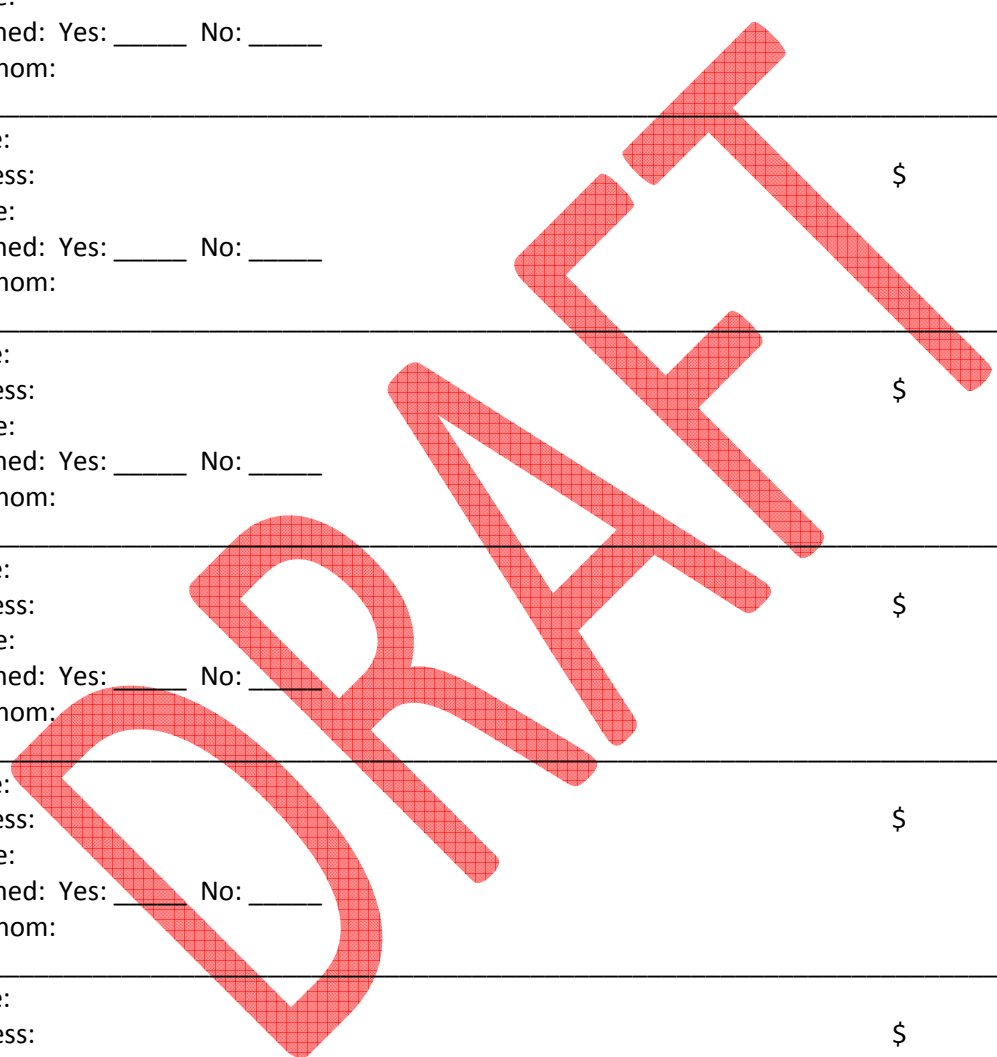
PERSONAL FINANCIAL STATEMENT

Name: \_\_\_\_\_

Statement Date: \_\_\_\_\_

List all Certificates of deposit below use additional sheets if needed

Financial Institutions	Certificate Number	Amount
Name: Address: Phone: Assigned: Yes: _____ No: _____ To Whom:		\$
Name: Address: Phone: Assigned: Yes: _____ No: _____ To Whom:		\$
Name: Address: Phone: Assigned: Yes: _____ No: _____ To Whom:		\$
Name: Address: Phone: Assigned: Yes: _____ No: _____ To Whom:		\$
Name: Address: Phone: Assigned: Yes: _____ No: _____ To Whom:		\$
Name: Address: Phone: Assigned: Yes: _____ No: _____ To Whom:		\$
Name: Address: Phone: Assigned: Yes: _____ No: _____ To Whom:		\$



Total \$ \_\_\_\_\_

PERSONAL FINANCIAL STATEMENT

Name: \_\_\_\_\_

Statement Date: \_\_\_\_\_

Furnish copies of all Stocks and Bonds

Registered in the Name of	Number Pledged State to Whom	Stocks-Number of Shares, Bonds Face Value	Cost	Present Market Value
Description of Stock/Bond:			\$	\$
Brokerage:				
Address:				
Phone:				
Description of Stock/Bond:			\$	\$
Brokerage:				
Address:				
Phone:				
Description of Stock/Bond:			\$	\$
Brokerage:				
Address:				
Phone:				
Description of Stock/Bond:			\$	\$
Brokerage:				
Address:				
Phone:				

Total Present Market Value \$ \_\_\_\_\_

PERSONAL FINANCIAL STATEMENT

Name: \_\_\_\_\_

Statement Date: \_\_\_\_\_

LIST ALL REAL ESTATE – OTHER THAN HOMESTEAD

Use additional pages if needed

Real Estate – Other than Homestead	Lien Holder	Tax Account #	Taxable Value
Address:	Name:		
	Address:		\$
Description:	Phone:		
Mortgage Balance	Purchase Price	Amount of Insurance	\$
\$	\$		

\*\*\*\*\*

Real Estate – Other than Homestead	Lien Holder	Tax Account #	Taxable Value
Address:	Name:		
	Address:		\$
Description:	Phone:		
Mortgage Balance	Purchase Price	Amount of Insurance	\$
\$	\$		

\*\*\*\*\*

Real Estate – Other than Homestead	Lien Holder	Tax Account #	Taxable Value
Address:	Name:		
	Address:		\$
Description:	Phone:		
Mortgage Balance	Purchase Price	Amount of Insurance	\$
\$	\$		

\*\*\*\*\*

Real Estate – Other than Homestead	Lien Holder	Tax Account #	Taxable Value
Address:	Name:		
	Address:		\$
Description:	Phone:		
Mortgage Balance	Purchase Price	Amount of Insurance	\$
\$	\$		

\*\*\*\*\*

Real Estate – Other than Homestead	Lien Holder	Tax Account #	Taxable Value
Address:	Name:		
	Address:		\$
Description:	Phone:		
Mortgage Balance	Purchase Price	Amount of Insurance	\$
\$	\$		

\*\*\*\*\*

Total Taxable Value    \$ \_\_\_\_\_

PERSONAL FINANCIAL STATEMENT

Name: \_\_\_\_\_

Statement Date: \_\_\_\_\_

LIST OTHER BUSIENSS ASSETS BELOW

Use additional pages if needed

<u>Business Assets</u>	<u>Liability</u>	<u>Asset Value</u>
Name:		
Address:	\$	\$
Phone:		
Type of Business:		
Name:		
Address:	\$	\$
Phone:		
Type of Business:		
Name:		
Address:	\$	\$
Phone:		
Type of Business:		
Name:		
Address:	\$	\$
Phone:		
Type of Business:		
Name:		
Address:	\$	\$
Phone:		
Type of Business:		
Name:		
Address:	\$	\$
Phone:		
Type of Business:		
Name:		
Address:	\$	\$
Phone:		
Type of Business:		

Total \$ \_\_\_\_\_

PERSONAL FINANCIAL STATEMENT

Name: \_\_\_\_\_

Statement Date: \_\_\_\_\_

MISCELLANEOUS PERSONAL PROPERTY

Use additional pages if needed

<u>Real Estate – Homestead</u>	<u>Name of Lien Holder</u>	<u>Tax Account #</u>	<u>Tax Value</u>
Address:	Name:		
City:	Address:		\$
Description:	City:		
	Phone:		
	Amount Owed: \$		

\*\*\*\*\*

<u>Autos – Personal</u>	<u>Lien Holder</u>	<u>Value</u>
Make:	Name:	\$
Model:	Address:	
Year:	City:	
	Phone:	
	Amount Owed: \$	

---

Make:	Name:	\$
Model:	Address:	
Year:	City:	
	Phone:	
	Amount Owed: \$	

---

Make:	Name:	\$
Model:	Address:	
Year:	City:	
	Phone:	
	Amount Owed: \$	

---

<u>Personal Property</u>	<u>List and Describe Below (Household Furnishings, Jewelry, etc.)</u>	<u>Value</u>
(1)		\$
(2)		\$
(3)		\$
(4)		\$
(5)		\$

---

Recap:	<u>Real Estate – Homestead</u>	\$	
	<u>Auto – Personal</u>	\$	
	<u>Personal Property</u>	\$	
	<u>Total</u>	\$	

PERSONAL FINANCIAL STATEMENT

Name: \_\_\_\_\_

Statement Date: \_\_\_\_\_

Liabilities/Secured (Homestead, Auto, Real Estate, Jewelry, etc.) Use additional sheets if needed

Lien Holder	Account Number	Type of Collateral	Original Note	Payment Mo./Annual	Remaining Liability
Name: _____					
Address: _____			\$	\$	\$
Phone: _____					
Name: _____					
Address: _____			\$	\$	\$
Phone: _____					
Name: _____					
Address: _____			\$	\$	\$
Phone: _____					
Name: _____					
Address: _____			\$	\$	\$
Phone: _____					
Name: _____					
Address: _____			\$	\$	\$
Phone: _____					
Name: _____					
Address: _____			\$	\$	\$
Phone: _____					

Total Remaining Liability      \$ \_\_\_\_\_

PERSONAL FINANCIAL STATEMENT

Name: \_\_\_\_\_

Statement Date: \_\_\_\_\_

Liabilities/Unsecured (Credit Cards, Personal Loans, Contingent Liabilities, etc.)

**List account numbers only, do NOT list credit card numbers**

Lien Holder	Account Number	Type of Collateral	Original Note	Payment Mo./Annual	Remaining Liability
Name: _____					
Address: _____			\$	\$	\$
Phone: _____					
Name: _____					
Address: _____			\$	\$	\$
Phone: _____					
Name: _____					
Address: _____			\$	\$	\$
Phone: _____					
Name: _____					
Address: _____			\$	\$	\$
Phone: _____					
Name: _____					
Address: _____			\$	\$	\$
Phone: _____					
Name: _____					
Address: _____			\$	\$	\$
Phone: _____					

Total Remaining Liability      \$ \_\_\_\_\_



PERSONAL FINANCIAL STATEMENT

Name: \_\_\_\_\_

Statement Date: \_\_\_\_\_

STATE OF TEXAS  
COUNTY OF WISE

For the purpose of procuring a Wise County Bail Bond License for claims and demands against the undersigned, the undersigned submits the above as being a true and accurate statement of its financial condition on the following date, and agrees that if any changes occur that materially reduce the means or ability of the undersigned to pay all claims or demands against it, the undersigned will immediately and without delay notify the Wise County Bail Bond Board, and unless the Wise County Bail Bond Board is so notified, it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned as of the close of business on \_\_\_\_\_. All of your assets, liabilities, and income must be listed herein.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary for the State of Texas

\_\_\_\_\_  
Printed Name of Notary

My Commission Expires: \_\_\_\_\_

