

**STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION
DIVISION OF FINANCIAL INSTITUTIONS**

CURRENCY EXCHANGE SECTION

APPLICANT PERSONAL FINANCIAL STATEMENT

Section 1 - Individual Information (type or print)

Name _____

Residence Address _____

City, State & Zip _____

Residence Telephone Number Area Code (__) _____

Business Telephone Number Area Code (__) _____

Section 2 - Statement of Financial Condition as of _____ 20 _____

Include all Assets and Liabilities (Direct and/or Indirect).

ASSETS

(Do not include assets of doubtful value)

1. Cash on hand & in banks \$ _____

2. U.S. Government & Marketable Securities - List on Schedule A.
Total Current Market Value \$ _____

3. Non-Marketable Securities - List on Schedule B.
Total Current Value \$ _____

4. Life Insurance - List on Schedule C.
Total Cash Surrender Value \$ _____

5. Current Market Value in Real Estate
(Do not include currency exchanges) List on Schedule D.
Total Current Market Value \$ _____

6. Current Market Value in Currency Exchanges
List on Schedule E.
Total Current Market Value \$ _____

7. Loans Receivable List on Schedule F.
Total Current Balance \$ _____

8. Automobile & Other Personal Property
(Current Value) \$ _____

9. Other Assets - Itemize
____ \$ _____
____ \$ _____
____ \$ _____

TOTAL ASSETS \$ _____

TOTAL NET INCOME FOR PAST 12 MONTHS \$ _____

NAME OF ACCOUNTANT _____

LIABILITIES

10. Notes Payable -Secured
List on Schedule G \$ _____

11. Notes Payable - Unsecured
List on Schedule G \$ _____

12. Loans - Payable
List on Schedule G \$ _____

13. Other Liabilities - Payable
List on Schedule G \$ _____

14. Unpaid Federal and
State Taxes \$ _____

15. Other Unpaid Taxes
and Interest \$ _____

TOTAL LIABILITIES \$ _____
NET WORTH \$ _____

TOTAL LIABILITIES &
NET WORTH \$ _____

SCHEDULE A - U.S. GOVERNMENT AND MARKETABLE SECURITIES

(Do Not Include Currency Exchanges)

DESCRIPTION	NUMBER OF SHARES/PAR	HELD IN NAME OF	ORIGINAL COST	CURRENT MARKET VALUE	ARE THESE PLEDGED?
TOTALS					

SCHEDULE B - NON-MARKETABLE SECURITIES

DESCRIPTION	NUMBER OF SHARES/PAR	HELD IN NAME OF	ORIGINAL COST	CURRENT MARKET VALUE	ARE THESE PLEDGED?
TOTALS					

SCHEDULE C - LIFE INSURANCE

NAME OF INSURANCE COMPANY	OWNER OF POLICY	BENEFICIARY	
TOTALS			
POLICY NO	FACE AMOUNT	POLICY LOANS	CASH SURRENDER VALUE

SCHEDULE E - CURRENCY EXCHANGES

NAME OF CURRENCY EXCHANGE	CITY	DATE PURCHASED	% OF OWNERSHIP	
TOTALS				
ORIGINAL COST TIMES % OF OWNERSHIP	CURRENT MARKET VALUE TIMES % OF OWNERSHIP/ITEM 6	CURRENT LOAN BALANCE TIMES % OF OWNERSHIP/ ITEM 12	CURRENT EQUITY TIMES % OF OWNERSHIP	MONTHLY LOAN PAYMENT TIMES % OF OWNERSHIP

**SCHEDULE G - LIABILITIES - SECURED & UNSECURED
(ITEMS 10, 11, 12 & 13)**

NAME & ADDRESS	DATE OF LOAN	YOUR % OF LIABILITY	ORIGINAL AMOUNT TIMES % OF LIABILITY	
TOTALS				
MONTHLY PAYMENT TIMES % OF LIABILITY	CURRENT BALANCE TIMES % OF LIABILITY	UNSECURED	SECURED	REFERS TO LINE ITEM 10, 11, 12 & 13

ATTACH ADDITIONAL SHEET(S) IF NEEDED

PERSONAL INFORMATION

Personal Bank Accounts (List)

Savings

Checking

The Division of Financial Institutions is authorized to make all inquires it deems necessary to verify the accuracy of the statements made herein, and to determine my credit worthiness.

Under penalty of perjury, the undersigned certifies and swears that the information and statements set forth in the foregoing document are true and correct.

Signature _____

Prepared by: _____
(If other than applicant)

NOTARY
SEAL

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

Address

Commission Expires: _____