

**Oregon Department of Consumer and Business Services
Division of Financial Regulation**

350 Winter St. NE, Room 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405
503-947-7300 • Fax: 503-947-7862
dfr.oregon.gov



Licensee name: _____ CRD/NMLS number: _____

Personal Balance Sheet

Method of valuation used (use same method for all assets): Market Value Cost

Asset	Value	Liabilities	Balance
-------	-------	-------------	---------

<p>Cash</p> <p>1. Checking account _____</p> <p>2. Savings account _____</p> <p>3. Other (specify) _____</p> <p>Investments</p> <p>4. Stocks* _____</p> <p>5. Bonds* _____</p> <p>6. Certificates of Deposit (CDs) _____</p> <p>7. Mutual funds _____</p> <p>8. Other (specify) _____</p> <p>Retirement</p> <p>9. 401(k) or 403(b) _____</p> <p>10. Individual retirement accounts (IRAs) _____</p> <p>11. Keogh (vested interest) _____</p> <p>12. Life insurance (cash surrender value only) _____</p> <p>13. Other (specify) _____</p> <p>Real Estate</p> <p>14. Residences _____</p> <p>15. Rental or investment property _____</p> <p>16. Other (specify) _____</p> <p>Other Assets</p> <p>17. Business interests* _____</p> <p>18. Accounts receivable* _____</p> <p>19. Vehicles⁴ _____</p> <p>20. Other (specify) _____</p> <p style="text-align: right;">21. Total assets _____</p>	<p>Real Property</p> <p>22. Primary residence mortgage _____</p> <p>23. Home equity line of credit (HELOC) .. _____</p> <p>24. Other residence mortgages _____</p> <p>25. Rental/investment property _____</p> <p>26. Other (specify) _____</p> <p>Loans</p> <p>27. Vehicle loans _____</p> <p>28. Credit card debt _____</p> <p>29. Personal loans _____</p> <p>30. Student loans _____</p> <p>31. Other (specify) _____</p> <p>Liens/Judgments/Compromises/Etc.</p> <p>32. Compromise with creditors* _____</p> <p>33. Charge-offs* _____</p> <p>34. _____</p> <p>35. _____</p> <p>Other Liabilities</p> <p>36. Personal estimated taxes payable _____</p> <p>37. Real estate estimated taxes payable..... _____</p> <p>38. Other estimated taxes payable..... _____</p> <p>39. Insurance payable _____</p> <p>40. Accounts payable _____</p> <p>41. Other (specify) _____</p> <p>42. Other (specify) _____</p> <p style="text-align: right;">43. Total liabilities _____</p> <p>44. Total assets (line 21) _____</p> <p>45 Minus: Total liabilities (line 43) _____</p> <p>46. Equals: Net worth..... _____</p>
---	---

* List on page 3

Licensee name: _____

CRD/NMLS number: _____

Personal Income Statement

You MUST complete this page if your net worth on line 46 of the previous page was negative or if you have outstanding compromises, judgments, liens, or charge-offs. Use the average of the past 12 months to calculate the monthly amount.

Monthly Revenue		Amount	Monthly Expenses (Continued)		Amount
47. Commissions ¹	_____	69. Childcare expense	.....	_____
48. Salary	_____	70. Clothes.....	.....	_____
49. Child/spousal support received.....	_____	71. Liens/judgments (list separately)	.....	_____
50. Business interest	_____	72. _____	.....	_____
51. Real estate income	_____	73. _____	.....	_____
52. Investment income.....	_____	74. _____	.....	_____
53. Other (specify) _____	_____	75. Compromise with creditor.....	.....	_____
54. Other (specify) _____	_____	76. Taxes	.....	_____
55. Other (specify) _____	_____	77. Credit card payments.....	.....	_____
56. Total revenue	_____	_____	78. Student loans	.....	_____
			79. Other loans	.....	_____
			80. Life insurance.....	.....	_____
			81. Other insurance	.....	_____
			82. Entertainment	.....	_____
			83. Unreimbursed business expenses	.....	_____
			84. Medical/dental expenses	.....	_____
			85. Other (specify) _____	.....	_____
			86. Other (specify) _____	.....	_____
			87. Other (specify) _____	.....	_____
			88. Total expenses	_____	_____
			89. Total revenue (line 56)	.....	_____
			90. Minus: Total expenses (line 88)	.....	_____
			91. Equals: Net income	.....	_____

Monthly Expenses ²	
57. Mortgage/rent	.....
58. Other real estate loans)	.....
59. Property taxes	.....
60. Homeowner/renter insurance.....	.....
61. Child/spousal support paid	.....
62. Utilities ³	.....
63. Other household expenses	.....
64. Food.....	.....
65. Vehicle loans ⁴	.....
66. Vehicle insurance	.....
67. Gas	.....
68. Other vehicle expenses	.....

Licensee name: _____

CRD/NMLS number: _____

¹ If your income is listed as before tax, be sure to include the taxes on line 76.
² For all items, include the monthly amount due, as well as any monthly payments toward past due amounts.
³ Include expenses related to water, electricity, gas, garbage, recycling, phone, Internet, etc.
⁴ Vehicle throughout this document includes cars, trucks, SUVs, all-terrain vehicles (ATVs), motorcycles, scooters, boats, recreational vehicles, and campers.



Use this page to:

- List information from the balance sheet. Reference the corresponding line number.
- If you have a negative net worth, explain the steps you are taking to reduce or resolve outstanding debts on the balance sheet.
- Provide any explanation you want to help us better understand your financial situation.

Certification

This Personal Balance Sheet and, if completed, Personal Income Statement, including all footnotes and attachments to this document, are a true, complete, and correct statement of my financial condition as of the date it was signed. I further certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

Signature: _____ Date: _____