

Personal Balance Sheet

Date of balance sheet

MM / DD / YY
<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> <div style="width: 25%;"></div> </div>

Prepare in accordance with generally accepted accounting principles (GAAP) to show the current financial condition of the applicant. Add footnotes to this statement, describing all contingent liabilities such as note endorsements, warranties, pending litigation, etc. Income can be shown in accounts receivable if it has been earned and not yet received.

Method of valuation used:
Use same method for all assets

Market value
 Cost

Please attach any documentation which may explain or support a particular entry; i.e., IRS repay agreements. Space is provided on page 2 for notes. Attach additional sheets if necessary.

Name of Applicant	CRD Number
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CURRENT ASSETS (read "Notes for items 1-5" at bottom of column)

1. Cash _____
2. Checking/Savings _____
3. Stocks, Bonds, Mutual Funds (see note below) _____
4. IRA, 401K, Keogh (vested interest) _____
5. Life Insurance (cash surrender value only) _____
6. Accounts Receivable (must explain on page 2) _____
7. Primary Residence _____
8. Other Residence _____
9. Real Estate - Rental Property _____
10. Automobiles _____
11. Furniture _____
12. Collectibles _____
13. Antiques _____
14. Jewelry _____
15. _____
16. _____
17. _____
18. _____
19. **TOTAL ASSETS** (add lines 1 through 18) _____

CURRENT LIABILITIES

20. Automobile Loan(s) _____
21. Credit Card Debt(s) _____
22. Personal Loans _____
23. Student Loans _____
24. Personal Estimated Taxes Payable: _____
25. Real Estate Estimated Taxes Payable: _____
26. Other Estimated Taxes Payable: _____
27. Contingent Liabilities _____
- Mortgages Payable:
28. _____
29. _____
30. _____
31. _____
- Liens/Judgments: (list all separately)
32. _____
33. _____
34. _____
35. _____
36. Compromise with creditor balance _____
37. All other liabilities including but not limited to
Insurance Payable, Accounts Payable, Chapter
13 balance (must itemize and explain on page 2) _____
38. **TOTAL LIABILITIES** (add lines 20 through 37) _____
39. **NET WORTH** (subtract line 38 from line 19) _____

Notes for items 1-5: Supporting documentation is required
Provide supporting documentation for each item listed on lines 1-5. Dates of the supporting documents must match the date of the balance sheet. Amounts must match supporting documentation or attach a sheet that shows how the amounts were calculated.

Use this section for footnotes to balance sheet entries and for additional explanations as requested in instructions. Reference each footnote by its corresponding line number from page one of this form. Attach additional sheets if necessary.

Certification

This balance sheet, including all footnotes and attachments is a true, complete and correct statement of my financial condition as of the date indicated on page one of the balance sheet.

Signature	Date signed	Daytime telephone number (please include area code)
Signer's name (typed or printed)		Email address

PA 551 of 2008 requires submission by each applicant. Failure to properly complete and file this form may result in denial or revocation of your license, or other compliance action.

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Lansing, MI 48909-7724**

By Delivery Service to:

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