



**The DARRYL WORLEY
FOUNDATION INC**
325 Main Street
Savannah TN 38372

**Personal Financial Statement
For Grant Purposes**

Name		Business Phone			
Residence Address		Residence Phone			
City, State, & Zip Code					
Business Name of Applicant/Borrower					
ASSETS		LIABILITIES			
	(Omit Cents)				(Omit Cents)
Cash on hand & in Banks	\$ _____	Accounts Payable			\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others			\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)			
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)			\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____			
(Complete Section 8)		Installment Account (Other)			\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____			
(Describe in Section 3)		Loan on Life Insurance			\$ _____
Real Estate	\$ _____	Mortgages on Real Estate			\$ _____
(Describe in Section 4)		(Describe in Section 4)			
Automobile-Present Value	\$ _____	Unpaid Taxes			\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)			
(Describe in Section 5)		Other Liabilities			\$ _____
Other Assets	\$ _____	(Describe in Section 7)			
(Describe in Section 5)		Total Liabilities			\$ _____
		Net Worth			\$ _____
Total	\$ _____	Total			\$ _____
Section 1. 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 (Describe below)*	\$ _____	Other Special Debt			\$ _____
Description of Other Income in Section 1.					
*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.					
Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Section 4. Real Estate Owned.		(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
		Property A	Property B	Property C	
Type of Property					
Address					
Date Purchased					
Original Cost					
Present Market Value					
Name & Address of Mortgage Holder					
Mortgage Account Number					
Mortgage Balance					
Amount of Payment per Month/Year					
Status of Mortgage					
Section 5. Other Personal Property and Other Assets.		(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency.)			
Section 6. Unpaid Taxes.		(Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)			
Section 7. Other Liabilities.		(Describe in detail.)			
Section 8. Life Insurance Held.		(Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)			
I authorize SBA Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).					
Signature:		Date:	Social Security Number:		
Signature:		Date:	Social Security Number:		