

FINANCIAL STATEMENT

As of _____, 20____

Name of facility	Facility file number
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ASSETS

Cash on Hand	\$ _____
Cash in Commercial Accounts	_____
Savings Accounts	_____
Time Deposits	_____
Notes and Receivables	_____
Inventory	_____
Life Insurance (cash value)	_____
Stocks and Bonds (at market value)	_____
Real Estate (at market value):	
Land	_____
Buildings and Improvements	_____
Equipment, Furniture, and Furnishings	_____
Other Investments or Assets (describe):	
_____	_____
_____	_____
A. TOTAL ASSETS	\$ _____

LIABILITIES

Accounts Payable (include installment contracts) (balance due)	\$ _____
Salaries and Wages Payable	_____
Payroll Taxes Payable	_____
Real Estate Taxes Payable	_____
Notes Payable (include personal notes) (balance due):	
_____	_____
_____	_____
Real Estate Loans or Mortgages (balance due):	
_____	_____
Other debts (describe):	
_____	_____
_____	_____
_____	_____
B. TOTAL LIABILITIES	\$ _____

OWNERSHIP (Equity)

C. TOTAL OWNERSHIP (difference between A and B)..... \$ _____

Completed by	Title	Date
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