CLIFTON FINANCIAL SERVICES

Client Name _____

Date _____

670 N. Orlando Ave
Suite 101
Maitland, FL 32751
DanClifton@CliftonServices.com

407-681-0777 Tel
407-681-3777 Fax
888-681-0777 Toll Free

Personal Financial Statement

LIQUID ASSET ACCOUNTS

Account Name	Account Number	Type	Value
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
TOTAL LIQUID ASSETS			-

REAL ESTATE OWNED

Property Address	City, State, Zip	Type	Appraised Value
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
TOTAL REAL ESTATE			$ -

OTHER ASSETS

Asset	Account Number	Type	Amount
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$ -

TOTAL ASSETS $ -

LIABILITY ACCOUNTS

Creditor Name	Account Number	Type/Property	Balance
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$