

FINANCIAL STATEMENT

**TO THE COUNTY OF ARLINGTON – INSPECTION SERVICES DIVISION – ARLINGTON, VIRGINIA 22201
BUILDING INSPECTIONS SECTION**

Name of Applicant _____

Trade Name Used _____

Business Address _____

For the purpose of procuring license for the above named applicant, the following is submitted as being a true and accurate statement of the financial condition of the undersigned as of the close of business on the _____ day of _____, 19_____.
(If financial has been recently prepared by applicant – they may substitute it in place of this form). Schedules 1 thru 4 on reverse side:

Assets	Amount	Liabilities	Amount
Cash on hand & bank demand deposits	\$ _____	Notes payable – due within one year:	
Savings deposits	_____	To banks (Schedule 4)	\$ _____
U.S. Government Securities	_____	To others (Schedule 4)	_____
Other Securities (Detail Schedule 1)	_____	Accounts payable	_____
Cash Surrender Value of Life Ins.	_____	Taxes Payable	_____
Accounts Receivable	_____	Other Current Liabilities	_____
Notes receivable (within 1 year)	_____	_____	_____
Merchandise Inventory	_____	_____	_____
Other current assets:	_____	Real Estate Mortgages	
		(Schedule 3)	_____
Mortgages Receivable (Schedule 3)	_____	Notes Payable (Due in more than one year)	
Notes receivable (more than 1 yr.)	_____	To Banks (Schedule 4)	_____
Real Estate – at cost (Schedule 3)	_____	To Others (Schedule 4)	_____
Excess of Real Est. Market Value over Cost	_____	Other Liabilities:	
(Schedule 3)	_____	_____	_____
Machinery & Equipment (Dep. Book val.)	_____	_____	_____
Automobiles (list year & make)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Other Assets:		_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____
		NET WORTH	_____
		TOTAL LIABILITIES & NET WORTH	\$ _____

INCOME		SCHEDULE OF LIFE INSURANCE	
SOURCE	AMOUNT	COMPANY	AMOUNT
Income from salary, etc.	\$ _____	_____	\$ _____
Bonds & Commissions	_____	_____	_____
Interest, Dividends & Rents	_____	_____	_____
Other:		_____	_____
_____	_____	_____	_____
TOTAL INCOME	\$ _____	TOTAL LIFE INSURANCE	\$ _____

(continued on reverse side)

SCHEDULE 1 – OTHER SECURITIES

Amount or No. of Shares	Company or Political Entity	Type Security	Market Value

SCHEDULE 2 – MORTGAGES RECEIVABLE

Property Description and Location	1st or 2nd Mortgage	Balance	Terms

SCHEDULE 3 – REAL ESTATE OWNED

Property Description and Location	Market Value	Cost	Excess of Market Value Over Cost	Balance

SCHEDULE 4 – NOTES PAYABLE

To Whom Payable	Collateral Pledged	Balance	Terms

The foregoing statements and details pertaining thereto, both printed and written, have been carefully read and the undersigned hereby solemnly declares and certifies that same is a full and correct exhibit of my/our financial condition.

Date _____, 19 _____

Signature _____

Prepared by: _____

Title _____

Signature _____

Title _____

Title _____

Position held relative to Applicant: _____

Sworn and subscribed to me this _____ day of _____, 19 _____

Notary Public _____

My Commission Expires _____