

Personal Financial Statement

Duplicate as needed...to be completed for each owner, partner, 20% or more shareholder, Officer, Director and/or key management personnel



Small Business Growth Corporation
504 Loan Program

PERSONAL INFORMATION							
Last Name		First		M.I.		Maiden	
Home Address					Apartment/Unit #		
City			State		ZIP		
Residence Phone			Business Phone				
Business Name							
Information Current As of: 20_____							

ASSETS	(OMIT CENTS)	LIABILITIES	(OMIT CENTS)
Cash on Hand & in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks & Others (Describe in Section 2)	\$
IRA or Other Retirement Account	\$	Installment Account (Auto) Mo. Payments are \$	\$
Accounts & Notes Receivable	\$	Installment Account (Other) Mo. Payments are \$	\$
Life Insurance-Cash Surrender (Value Only – Describe in Section 8)	\$	Loan on Life Insurance	\$
Stocks and Bonds (Describe in Section 3)	\$	Mortgages on Real Estate (Describe in Section 4)	\$
Real Estate (Describe in Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$
Automobile-Present Value	\$	Other Liabilities (Describe in Section 7)	\$
Other Personal Property (Describe in Section 5)	\$	Total Liabilities	\$
Other Assets (Describe in Section 5)	\$	Net Worth	\$
Total	\$	Total	\$

SECTION 1: SOURCE OF INCOME	CONGINGENT 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	\$
<i>Description of Other Income in Section 1:</i>			

*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 BANK AND OTHERS					
Name & Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed – Type of Collateral

(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

SECTION 3: STOCKS AND BONDS

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

SECTION 4: REAL ESTATE OWNED

	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 pledged, state name and address of lien holder, amount of lien, terms 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 tax liens.

SECTION 7: OTHER LIABILITIES

Describe in detail.

SECTION 8: LIFE INSURANCE HELD

Give face amount, 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 No.	
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PLEASE NOTE: The estimated average burden hours for completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503.