PERSONAL FINANCIAL STATEMENT Complete this form for: (1) each proprietor, or (2) each limited patner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan. Business Phone Name Residence Address Residence Phone City, State, & Zip Code Business Name of Applicant/Borrower ____ ASSETS (Omit Cents) LIABILITIES (Omit Cents) Cash on hand & in Banks\$ Accounts Payable \$ ______\$ Savings Accounts\$ Notes Payable to Banks and Others\$ IRA or Other Retirment Account\$ (Describe in Section 2) Accounts & Notes Recievable\$ Installment Account (Auto)\$ Life Insurance-Cash Surrender Value Only\$ Mo. Payments \$ ______ (Complete Section B) Installment Accounts (Other)\$ Stocks & 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 5) (Describe in Section 7) Total\$ Other Liabilities\$ (Describe in Section 7) Total Liabilities\$ Net Worth \$ ______ Total\$ Section 1. Source of Income **Contingent Liabilities** Salary......\$ _____\$ As Endorser or Co-Maker.....\$ _____\$ Net Investment Income\$ Legal Claims & Judgements\$ Provision for Federal Income Tax\$ Real Estate Income\$ 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 Current How Secured or Endorsed **Payment** Frequency Balance Balance Amount (monthly etc.) Type of Collateral

Number of Shares	Number of Shares Name of Securities Cost		ry. Each attachment must be ident Market Value Quotation/Exchange	fied as a part of this statement and Date of Quotation/Exchan	Total Value
					-
Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
			erty A	Property B	Property C
Type of Property					
Address					
Date Purchased					
Original Cost					
Present Market Value					
Name & Address of M	lortgage Holder				
Mortgage Account Nu	ımber				
Mortgage Balance					
Amount of Payment p	er 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, 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.)					
1 , 31 , 1 , 31 , 1 , 31 , 1 , 31 , 1 ,					
Section 7. Other Liabilities. (Describe in detail.)					
Decirion of Carlot Liabilities in details					
Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)					
Section 6. Life insurance ficial (give race amount and cash surrender value of policies - name of insurance company and beneficiallies)					
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)					
	,	·		•	
					al Security Number:
Signature:				Date:Soc	al Security Number:
Please Note: The estimated	average burden hours for the	completion of this	form is 1.5 hours per respons	e. If you have guestions or con	nments concerning this estimate or any

Please Note: The estimated average burden hours for the 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 Cheif 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, Please do not send forms to OMB.