

As of \_\_\_\_\_, 20\_\_\_\_ Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

APPLICANT INFORMATION											
BUSINESS NAME OF APPLICANT/BORROW	/ER										
BORROWER: FIRST NAME	M	MIDDLE INITIAL		LAST NAME		DATE OF BIRT		TE OF BIRTH	SOCIAL SECURITY NUMBER		
CO-BORROWER: FIRST NAME	M	MIDDLE INITIAL		LAST NAME			DATE OF BIRTH		SOCIA	SOCIAL SECURITY NUMBER	
STREET ADDRESS				CITY		STATE ZIP C		ZIP CO	DDE		
BUSINESS PHONE RESIDENTIAL PE		PHONE	ONE E-MAIL AD		RESS						
ASSETS				(Omit c	ents)	LIABILITIES	5			(Omit cents)	
CASH IN THIS CREDIT UNION			\$	\$		ACCOUNTS PAYABLE			\$		
CASH IN OTHER CREDIT UNION OR BANKS			\$	\$		NOTES PAYABLE TO BANKS & OTHERS (DESCRIBE IN SECTION 2)			\$		
IRA OR OTHER RETIREMENT ACCOUNTS			\$	\$		INSTALLMENT ACCOUNT (AUTO) MO. PAYMENTS \$			\$		
ACCOUNTS AND NOTES RECEIVABLE			\$			INSTALLMENT ACCOUNT (OTHER) MO. PAYMENTS \$			\$		
LIFE INSURANCE - CASH SURRENDER VALUE ONLY (COMPLETE 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			¢			CONTINGENT LIABILITIES					
SALARY			\$			AS ENDORSER OR CO-MAKER			\$		
NET INVESTMENT INCOME			\$	*		LEGAL CLAIMS AND JUDGMENTS			\$		
REAL ESTATE INCOME			\$			PROVISION FOR FEDERAL INCOME TAX			\$		
OTHER INCOME (DESCRIBE BELOW)*			\$			OTHER SPECIAL DEBT			\$		
Description of Other Income in S	Section	n 1: Please de	scribe any	recurr	ring income	not reflected or	n previo	ous tax returns.			
*Alimony or child support payments	need r	ot be disclosed	l in "Other I	ncome	" unless it is d	lesired to have su	ch pavn	ents counted tow	vard total	income.	
SECTION 2: NOTES PAYAB Use attachments if necessary. Ea	LE TO	) BANK AN	D OTHEI	RS							
										HOW SECURED OR	
NAME AND ADDRESS OF NOTE HOLDER(S) ORIC S S S S S S S S S S S S S S S S S S S		IGINAL BALANCE		CURRENT BALANCE \$	PAYMENT AMOUNT \$		FREQUENCY (MOI ETC.)	NTHLY,	ENDORSED TYPE OF COLLATERAL		
				\$	\$						
				\$	\$						
\$				\$	\$						



SECTION 3: STOCKS AND BONDS Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.										
NUMBER OF SHARES	NUMBER OF SECURITIES	COST	MARKET VALUE QUOTATION EXCHANGE	DATE OF QUOTATION EXCHANGE	TOTAL VALUE					
	SECONTIES	\$	\$	Quotinnoit Excitation	\$					
		\$	\$		\$					
		\$	\$		\$					
		\$	\$		\$					
<b>SECTION 4: REAL ESTATE</b> List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.										
List each parcel separately. Us		PERTY A	PROPERTY B	part of this statement a	PROPERTY C					
TYPE OF PROPERTY										
ADDRESS OF PROPERTY										
NAME OF PROPERTY OWNER										
DATE PURCHASED										
ORIGINAL COST	\$		\$	\$	\$					
PRESENT MARKET VALUE	\$		\$	\$	\$					
NAME OF LENDER										
LOAN NUMBER										
LOAN BALANCE	\$		\$	\$	\$					
AMOUNT OF PAYMENT PER MONTH										
STATUS OF LOAN										
SECTION 5. OTHER PERSONAL PROPERTY AND OTHER ASSETS Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.										
SECTION 6. UNPAID TAX	FS									
		nen due, amount, and	to what property, if any, a t	ax lien attaches.						
Describe in detail as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.										
SECTION 7. OTHER LIAB Describe in detail	ILTTES									
SECTION 8. INSURANCE HELD Give face amount and cash surrender value of policies – name of insurance and beneficiaries.										
orve face amount and easil sufferider value of policies – name of insurance and beneficialles.										
I authorize 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 on an SBA loan application may result in forfeiture of benefits, a fine up to \$10,000, or imprisonment for not more than five years, or both, under 18 U.S.C. 1001. FALSE statements on a conventional loan application may result in fines and imprisonment under relevant Federal and State laws.										
Applicant Signature:			Date:							
Applicant Signature:			Date:							