



55 West 125th Street, 11th Floor, New York, NY 10027 Tel: (212) 410-0030 Fax: (212) 410-9038

PERSONAL FINANCIAL STATEMENT

Complete this form for (1) each proprietor or (2) each limited partner who owns 10% or more interest and each general partner or (3) each stockholder owning 10% or more of voting stock or (4) any person or entity providing a guaranty.

Name:	Business Phone:
Residence Address:	<input type="checkbox"/> Own <input type="checkbox"/> Rent Residence Phone:
City, State & Zip Code:	Monthly Rent/Mortgage: \$
Business Name of Applicant/Borrower:	Applicant's SS#:

ASSETS	LIABILITIES
Checking Accounts \$ _____	Credit Cards \$ _____
Savings Accounts \$ _____ (Complete Section 9)	Monthly Payment \$ _____
IRA or Other Retirement Accounts \$ _____	Car Loan \$ _____
Accounts & Other Notes Receivable \$ _____	Monthly Payment \$ _____
Life Insurance-cash Surrender Value Only \$ _____ (Describe in Section 8)	Notes Payable to Banks and Others \$ _____ (Describe in Section 2)
Real Estate \$ _____ (Describe in Section 4)	Loan on Life Insurance \$ _____
Automobile Cost (s) \$ _____ Age: ____ Years	Mortgages on Real Estate \$ _____ (Describe in Section 4)
Other Personal Property \$ _____ (Describe in Section 5)	Unpaid Taxes \$ _____ (Describe in Section 6)
Other Assets \$ _____ (Describe in Section 5)	Other Liabilities \$ _____ (Describe in Section 7)
Total \$ _____	Total Liabilities \$ _____
	Net Worth (Assets minus Liabilities) \$ _____
	Total \$ _____

SECTION 1. Source of Income	Contingent Liabilities
Salary \$ _____	As Guarantor or Co-Maker \$ _____
Net Investment Income \$ _____	Legal Claims & Judgments \$ _____
Real Estate Income \$ _____	Taxes Owed \$ _____
Other Income (Describe Below) \$ _____	Other Special Debt \$ _____
Description of Other Income in Section 1	

Please attach copies of latest statements or other supporting documentation to evidence balances indicated in this statement. This form will not be considered complete without supporting documentation.

SECTION 2. Notes Payable to Bank 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 Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	Security or Collateral?

SECTION 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name of Brokerage Firm:

Account Number:

Address:

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

SECTION 4. Real Estate Owned (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address	Street _____	Street _____	Street _____
	City _____	City _____	City _____
	State/Zip _____	State/Zip _____	State/Zip _____
Date Purchased			
Original Cost			
Equity Investment			
Present Market Value			
Appraisal Date			
Name and Address of Mortgage Holder	Street _____	Street _____	Street _____
	City _____	City _____	City _____
	State/Zip _____	State/Zip _____	State/Zip _____
Account Number			
Balance Due			
Monthly Payment			
Is Mortgage Current?			

Please attach copies of latest statements or other supporting documentation to evidence balances indicated in this statement. This form will not be considered complete without supporting documentation.

SECTION 5. Other Personal Property and Other Assets (Use attachments if necessary, identify as part of this statement and sign.)

Type of Property: _____ ID Number (VIN if applicable): _____

Name of Lien Holder: _____

Address of Lien Holder: _____

City: _____ State: _____ Zip: _____

Amount of Lien: _____ Terms of Payments: _____

Delinquency (if applicable): _____

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 is attached.)

SECTION 7. Other Liabilities (Describe in detail.)

Section 8. Life Insurance Held (Give face amount and cash surrender value of policies—name and address of Insurance company and beneficiaries.)

Name of Insurance Company: _____

Policy Number: _____

Address of Insurance Company: _____

Beneficiaries: _____

Section 9. Bank Account(s)

	Bank A	Bank B	Bank C
Name of Bank			
Address			
City, State & Zip			
Account Number			

I authorize UMEZ to make inquiries as necessary to verify the accuracy of the statements made to determine my creditworthiness. I certify the above information and the statements contained in the attachments are true and accurate as of the stated date(s). This information is made available for the purpose of either obtaining or guaranteeing funding. I understand that any false or misleading statements may result in immediate disqualification and possible prosecution by the U.S. Attorney General (Reference 10 U.S.C. 1001).

Signature: _____

Signature: _____

Social Security Number: _____

Social Security Number: _____

Date: _____

Date: _____

Please attach copies of latest statements or other supporting documentation to evidence balances indicated in this statement. This form will not be considered complete without supporting documentation.