

PERSONAL FINANCIAL STATEMENT

Submitted to: HUDSON COUNTY ECONOMIC DEVELOPMENT CORPORATION

IMPORTANT: Read these directions before completing this Statement

If you are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1, 3, and 4.

If you are applying for joint credit with another person, complete all Sections and provide information in Section 2 about the joint applicant. If appropriate, the joint applicant may complete a separate personal financial statement (C 100) and the applications may be submitted together.

If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income, need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

If this statement relates to your guaranty of the indebtedness of other person(s), firm(s) or corporation(s), complete Sections 1, 3, and 4.

Section 1 – Individual Information (type or print)		Section 2 – Other Party Information (type or print)	
Name		Name	
Address		Address	
City, state & zip		City, state & zip	
Position or occupation		Position or occupation	
Business name		Business name	
Business address		Business address	
City, state & zip		City, state & zip	
Length of employment		Length of employment	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone

Section 3 – Statement of Financial Condition as of _____, 2006			
Assets (Do not include assets of doubtful value)	In dollars (Omit cents)	Liabilities	In dollars (Omit cents)
Cash on hand		Notes payable to banks – see Schedule E	
Cash in banks		Notes payable to others – see Schedule E	
U.S. Gov't & marketable securities – see Schedule A		Due to brokers	
Non-marketable securities – see Schedule B		Accounts payable to others – secured	
Securities held by broker in margin account		Accounts payable to others – unsecured	
Restricted, control or margin account stocks		Accounts and bills due	
Real estate owned – see Schedule C		Unpaid income taxes	
Accounts, loans and notes receivable		Other unpaid taxes and interest	
Automobiles		Real estate mortgages payable – see Schedules C & E	
Other personal property		Other debts (car payments, credit cards, etc.) itemize	
Cash surrender value – life insurance – see Schedule D			
Other assets – itemize – see Schedule F if applicable			
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities and Net Worth	

Section 4 – Annual Income For Year Ended _____, 2005	Annual Expenditures	Contingent Liabilities	Estimated Amounts
Salary, bonuses & commissions \$ _____	Mortgage, rental payments \$ _____	Do you have any _____ Yes No	_____
Dividends & Interest _____	Real estate taxes & assessments _____	Contingent liabilities (as endorser,	
Real Estate Income _____	Taxes – federal, state & local _____	Co-maker or guarantor?	
Other Income _____	Insurance payments _____	On leases? On contracts?)	
(alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	Other contract payments (car payments, charge cards, etc.) _____	Involvement in pending legal actions?	
	Alimony, - child support, Maintenance _____	Other special debt or circumstances?	
	Other expenditures _____	Contested income tax returns?	
		If yes to any question(s) describe _____	

Total Income \$	Total Expenditures \$	Total Contingent Liabilities \$	\$
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SCHEDULE A – U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of Shares Or Face Value of Bonds	Description	In Name of	Are These Registered Pledged or Held by Others	Market Value

SCHEDULE B - NON-MARKETABLE SECURITIES

Number Of Shares	Description	In Name of	Are These Registered Pledged or Held by Others	Value	Source Of Value

SCHEDULE C – RESIDENCES AND OTHER REAL ESTATE (PARTIALLY OR WHOLLY OWNED)

Address and Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Amount	Mortgage Maturity
Residence(s)								
Residence(s)								
Other								
Other								

SCHEDULE D – LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE E – BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

Name and Address of Creditor	Original Amount Loan/Line	Date of Loan	Maturity Date	Secured or Unsecured (List Collateral)	Amount Owed

SCHEDULE F – BUSINESS VENTURES

List Name and Address of Any Business Venture In Which You Are a Principal or Partner	Total Assets Listed In Section 3	Your % of Ownership	Your Position/Title In the Business	Total Assets Of Business	Line of Business	Years in Business

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersign acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersign agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquires you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date Signed _____

Signature (Individual) _____
Social Security Number _____
Date of Birth _____

Date Signed _____

Signature (Other Party) _____
Social Security Number _____
Date of Birth _____