



U.S. SMALL BUSINESS ADMINISTRATION
FINANCIAL STATEMENT OF DEBTOR

OMB Approval No.3245-0012
Expiration Date: 11/30/2011

(INSERT THE WORD "NONE" WHERE APPLICABLE TO ANY OF THE FOLLOWING ITEMS)

1. NAME			2. DATE OF BIRTH (Month, Day and Year)		
3. ADDRESS (Include ZIP Code)			4. PHONE NO.	5. SOCIAL SEC. NO.	
6. OCCUPATION		SBA LOAN NUMBER		7. HOW LONG IN PRESENT EMPLOYMENT?	
8. EMPLOYER'S NAME		ADDRESS (Include ZIP Code)		PHONE NUMBER	
9. MONTHLY INCOME:		10. OTHER EMPLOYERS WITHIN LAST 3 YEARS			Dates of Employment
Salary or wages	\$ _____	Name	Address		
Commissions	\$ _____				
Other (state source)	\$ _____				
Total	\$ _____				
11. NAME OF SPOUSE			SOCIAL SEC. NO.	12. DATE OF BIRTH (Month, Day and Year)	
13. OCCUPATION			14. HOW LONG IN PRESENT EMPLOYMENT?		
15. SPOUSE'S EMPLOYER (Name)			ADDRESS (Include ZIP Code)		PHONE NUMBER
16. MONTHLY INCOME OF SPOUSE:		17. OTHER EMPLOYERS WITHIN LAST 3 YEARS (Of Spouse)			Dates of Employment
Salary or wages	\$ _____	Name	Address		
Commissions	\$ _____				
Other (state source)	\$ _____				
Total	\$ _____				
18. OTHER DEPENDENTS:			23. FIXED MONTHLY EXPENSES: (TO NEAREST DOLLAR)		
NUMBER			Rent or House Payment \$ _____		
Name	Relationship	Age	Utilities \$ _____		
			Food \$ _____		
			Interest \$ _____		
			Insurance \$ _____		
			Debt repayments:		
			Household furnishings \$ _____		
			Personal Loans \$ _____		
			Automobile \$ _____		
			Doctors and Dentist \$ _____		
			Other (Specify) \$ _____		
19. TOTAL MONTHLY INCOME OF DEPENDENTS (Except Spouse)			TOTAL FIXED MONTHLY EXPENSES \$ _____		
\$ _____					
20. FOR WHAT PERIOD DID YOU LAST FILE A FEDERAL INCOME TAX RETURN?					
21. WHERE WAS TAX RETURN FILED?					
22. AMOUNT OF GROSS INCOME REPORTED					
\$ _____					
24. ASSETS: (Fair Market Value)		(SHOW AMOUNTS TO NEAREST DOLLAR)			
Cash		\$ _____		LIABILITIES	
Checking accounts: (Show location)				Bills owed (grocery, doctor, lawyer, etc.) \$ _____	
Savings Accounts: (Show location)				Installment debt (car, furniture, clothing, etc.) _____	
Cash surrender value of life insurance				Taxes owed:	
Motor Vehicles:				Income _____	
Make	Year	License No.	Other: (Itemize) _____		
			Loans payable (to banks, finance companies, etc.) _____		
Debts owed to you: (Name of debtor)				Judgments you owe (Held by whom?) _____	
Stocks, bonds and other securities:				Small Business Administration _____	
Household furniture and goods				Loans on Life Insurance _____	
Items Used in Trade or Business				Mortgages on Real Estate _____	
Other Personal Property: (Itemize)				Margin Payable on Securities _____	
Real Estate: (Itemize)				Other debts: (Itemize) _____	
Other Assets: (Itemize)				Total Liabilities \$ _____	
TOTAL ASSETS: \$ _____				Net Worth _____	
				CONTINGENT LIABILITIES \$ _____	

25. LOANS PAYABLE: Owed To	Date of Loan	Original Amount	Present Balance	Terms of Repayments	How Secured
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

26. REAL ESTATE OWNED: (Free & Address)	How Owned (Jointly, individually, etc.)	Present Market
		\$

27. REAL ESTATE BEING PURCHASED ON CONTRACT OR MORTGAGE Address	Date acquired	Balance Owed
		\$
	Name of Seller or Mortgagor	
	Purchase Price	Date Next Cash Payment Due
	\$	
	Present Market Value	Amount of Next Cash Payment
	\$	\$

28. LIFE INSURANCE POLICIES: Company	Face Amount	Cash Surrender Value	Outstanding Loans
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

29. LIST ALL REAL AND PERSONAL PROPERTY OWNED BY SPOUSE AND DEPENDENTS VALUED IN EXCESS OF \$500:

30. LIST ALL TRANSFERS OF PROPERTY, INCLUDING CASH (BY LOAN, GIFT, SALE, ETC.), THAT YOU HAVE MADE WITHIN THE LAST THREE YEARS. (LIST ONLY TRANSFERS OF \$500 OR OVER.)			
Property Transferred	To Whom	Date	Amount
			\$
			\$
			\$

31. ARE YOU A CO-MAKER, GUARANTOR, OR A PARTY IN ANY LAW SUIT OR CLAIM NOW PENDING?
 YES NO IF YES, GIVE DETAILS

32. ARE YOU A TRUSTEE, EXECUTOR, OR ADMINISTRATOR? YES NO IF YES, GIVE DETAILS

33. ARE YOU A BENEFICIARY UNDER A PENDING, OR POSSIBLE, INHERITANCE OR TRUST, PENDING OR ESTABLISHED? NO YES
 IF YES, GIVE DETAILS

34. WHEN DO YOU FEEL THAT YOU CAN START MAKING PAYMENTS ON YOUR SBA DEBT? 35. HOW MUCH DO YOU FEEL THAT YOU CAN PAY SBA ON A MONTHLY OR PERIODIC BASIS?

With knowledge of the penalties for false statements provided by 18 United States Code 1001 (\$10,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the Government. I certify that all the above statements, and all information submitted with this form, are true and correct and that it is a completed statement of all my income and assets, real and personal, whether held in my name or by another.

Under the provisions of the Privacy Act, loan applicants are not required to give their social security number. The Small Business Administration, however, uses the social security number to distinguish between people with a similar or the same name. Failure to provide this number may not affect any right, benefit or privilege to which an individual is entitled by law but having the number makes it easier for SBA to more accurately identify to whom adverse credit information applies and to keep accurate loan records.

Any Person concerned with the collection of this information, its voluntariness, disclosure or routine use under the Privacy Act may contact the Freedom of Information/Privacy Acts Office, Small Business Administration, 409 3rd St., S.W., Washington, D.C. 20416

SIGNATURE	DATE

NOTE: USE ADDITIONAL SHEETS WHERE SPACE ON THIS FORM IS INSUFFICIENT.

PLEASE NOTE: The estimated burden for completing this form is 1 Hour per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 405 3rd St., S.W., Washington D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0012). **PLEASE DO NOT SEND FORMS TO OMB.**

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