

Personal Financial Statement

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.

Name _____ Home phone _____ Business phone _____

Home address _____ City _____ State _____ Zip _____

Business name of applicant/borrower _____

Assets	OMIT CENTS	Liabilities	OMIT CENTS
Cash on hand and in banks _____	\$ _____	Accounts payable _____	\$ _____
Savings accounts _____	\$ _____	Notes payable to banks and others _____ (Describe in Section 2)	\$ _____
IRA or other retirement account _____	\$ _____	Installment account (Auto) _____ Monthly payments	\$ _____
Accounts and notes receivable _____	\$ _____	Installment account (Other) _____ Monthly 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

Salary _____	\$ _____
Net investment income _____	\$ _____
Real estate income _____	\$ _____
Other income (Describe below)* _____	\$ _____

Contingent Liabilities

As endorser or co-maker _____	\$ _____
Legal claims & judgments _____	\$ _____
Provision for federal income tax _____	\$ _____
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 noteholders	Original balance	Current balance	Payment amount	Frequency (monthly, etc.)	How secured or endorsed type of collateral

Section 3. Stock and Bonds USE ATTACHMENTS IF NECESSARY. EACH ATTACHMENT MUST BE IDENTIFIED AS A PART OF THIS STATEMENT AND SIGNED.

Number of shares	Name of securities	Cost	Market value quotation/exchange	Date of quotation/exchange	Total value

Section 4. Real Estate Owned LIST EACH PARCEL SEPERATELY. USE ATTACHMENTS IF NECESSARY. EACH ATTACHMENT MUST BE IDENTIFIED AS A PART OF THIS STATEMENT AND SIGNED.

	Property A	Property B	Property C
Type of property			
Owner			
Property address			
Date purchased			
Original cost			
Present market value			
Mortgage holder			
Address of mortgage holder			
Mortgage account number			
Mortgage balance			
Amount of payment per 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 HOLDER, AMOUNT 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.

Section 7. Other Liabilities DESCRIBE IN DETAIL.

Section 8. Life Insurance Held GIVE FACE AMOUNT AND CASH SURRENDER VALUE OF POLICIES--NAME OF INSURANCE COMPANY AND BENEFICIARIES.

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 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. 10001).

Signature _____ Date _____ Social Security Number _____

Signature _____ Date _____ Social Security Number _____