

PERSONAL FINANCIAL STATEMENT

OMB APPROVAL NO. 3245-0188 EXPIRATION DATE: 8/31/2011

U.S. SMALL BUSINESS ADMINISTRATION				As of		- , 		
Complete this form for: (1) each proprietor, or (2) e 20% or more of voting stock, or (4) any person or e	ach limited partner whentity providing a guara	no owns 20 anty on the	% or more inter loan.	est and each gener	ral partner, or (3) eac	h stockholder owning		
Name			Business Phone					
Residence Address		Residence Phone						
City, State, & Zip Code								
Business Name of Applicant/Borrower								
ASSETS	(Omit Cer	nts)		LIA	ABILITIES	(Omit Cents)		
Cash on hand & in Banks	\$	Ac	counts Payable		\$_			
Savings Accounts	\$	I .	Accounts Payable \$ Notes Payable to Banks and Others \$					
IRA or Other Retirement Account	\$		(Describe in Section 2)					
Accounts & Notes Receivable	\$	Ins	Installment Account (Auto) \$					
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$		Mo. Payments \$ Installment Account (Other) \$ Mo. Payments \$					
Stocks and Bonds	\$							
(Describe in Section 3)	¢		Loan on Life Insurance					
Real Estate(Describe in Section 4)	Φ		Mortgages on Real Estate\$					
Automobile-Present Value	\$	Un	Unpaid Taxes					
Other Personal Property(Describe in Section 5)	\$	Oth	(Describe in Section 6) Other Liabilities \$					
Other Assets	\$		(Describe in Section 7)					
(Describe in Section 5)		To	Total Liabilities\$					
		Ne	t Worth		\$_			
Total	\$			Т	otal \$_			
Section 1. Source of Income		Co	Contingent Liabilities					
Salary	\$	As	Endorser or Co	o-Maker	\$_			
Net Investment Income	\$		Legal Claims & Judgments \$					
Real Estate Income	\$		Provision for Federal Income Tax \$					
Other Income (Describe below)*	\$		Other Special Debt \$					
Description of Other Income in Section 1.		ļ						
*Alimony or child support payments need not be disclos	ed in "Other Income" un	less it is des	ired to have such	n payments counted to	oward total income.			
Section 2. Notes Payable to Banks and Others.	(Use attachments if n					tement and signed.)		
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Secur Type o	ed or Endorsed f 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	Name o	of Securities	Cost		Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value				
Section 4. Real Est	ate Owned.	(List each parcel separate of this statement and sign	ely. Use attachr ned.)	ment if ne	ecessary. Each attacl	nment must be identified	as a part				
		Property A			Property B	F	Property C				
Type of Property											
Address											
Date Purchased											
Original Cost											
Present Market Valu	ıe										
Name & Address of Mortgage	e Holder										
Mortgage Account N	lumber										
Mortgage Balance											
Amount of Payment	per Month/Year										
Status of Mortgage											
	ersonal Property an					and address of lien holder	r, amount of lien, terms				
of payment and if delinquent, describe delinquency)											
Section 6. Unp	paid Taxes. (De	escribe in detail, as to type,	to whom payal	ble, wher	due, amount, and to	what property, if any, a t	ax lien attaches.)				
Section 7. Oth	ner Liabilities. (De	escribe in detail.)									
Section 8. Life	e Insurance Held.	(Give face amount and o	cash surrender	value of	policies - name of ins	urance company and be	neficiaries)				
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 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 may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).											
Signature:				Date:	Social	Security Number:					
Signature:				Date:	Social	Security Number:					
PLEASE NOTE:	concerning this estim Administration, Washi	age burden hours for the con mate or any other aspect of t hington, D.C. 20416, and Clear 503. PLEASE DO NOT SEND	this information, rance Officer, Pa	, please o aper Redu	contact Chief, Administ	trative Branch, U.S. Smal	II Business				