

PERSONAL FINANCIAL STATEMENT

As of _____

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	Business Phone
Residence Address	Residence Phone
City, State & Zip Code	

Business Name of Applicant/Borrower			
Assets	(Omit Cents)	Liabilities	(Omit Cents)
Cash on Hand and in Banks	_____	Accounts Payable	_____
Savings Account	_____	Notes Payable to Banks and Others	_____
IRA or Other Retirement Accounts	_____	(Describe in Section 2)	_____
Accounts and Notes Receivable	_____	Installment Accounts (Auto)	_____
Life Insurance (Cash Surrender Value Only)	_____	Monthly Payments	_____
(Describe in Section 8)	_____	Installment Accounts (other)	_____
Stocks and Bonds	_____	Monthly Payments	_____
(Describe in Section 3)	_____	Loan on Life Insurance	_____
Real Estate	_____	Mortgages on Real Estate	_____
(Describe in Section 4)	_____	(Describe in Section 4)	_____
Automobile - Present Value	_____	Unpaid Taxes	_____
Other Personal Property	_____	(Describe in Section 6)	_____
(Describe in Section 5)	_____	Other Liabilities	_____
Other Assets	_____	(Describe in Section 7)	_____
(Describe in Section 5)	_____	Total Liabilities	_____
Total	=====	Net Worth	_____
		Total	=====

Section 1. Source of Income.	Contingent Liabilities.
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims and Judgements
Real Estate Income	Provision for Federal Income Tax
Other Income* (Describe below)	Other Special Debt
Total	Total

Description of Other Income in Section 1.

Amount	Source	Amount	Source

* Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total

Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement, signed, and dated.)

Name and Address of Noteholder	Original Balance	Current Balance	Payment Amount	Frequency	Type of Collateral

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

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

	0			1/0/1900	
	0				

Section 4. Real Estate Owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement, signed and

	Property A	Property B	Property C
Type of Property			
Name of Title Holder			
Address of Property			
Date Purchased			
Original Cost			
Current Tax Assessment			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			0
Mortgage Balance			
Amount of Payment			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any are pledged as security, state name and address of lien holder, amount of lien,

Value	Description	Lien Holder (if any)	Lien Balance	Lien Payment	Status
	0				
	0				
\$0.00	0				
	0				
	0				
	0				

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.)

Unpaid Amount	Type	Payable To	Date Due	Description of Lien on Property
\$ - 0	0		1/0/1900 0	

Section 7. Other Liabilities. (Describe in detail.)

Amount	Creditor	Amount	Creditor

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

Face Value	Cash Surrender Value	Insurance Company	Beneficiary
			0

I authorize SBA / Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I

Signature: _____ Date: _____ Social Security Number: 000-00-0000

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief Administrative Branch, U. S. Small Business Administration, Washington, D.C. 20416, and Clearance Office, Paper Reduction Project (3245-0188), Office of Management & Budget, Washington, D.C. 20503