

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

## PERSONAL FINANCIAL STATEMENT

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	each limited partner whentity providing a guara	no owns 2 anty on th	0% or more inter e loan.	rest and each gene	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 Ce	nts)		LIA	ABILITIES	(Omit Cents)		
Cash on hand & in Banks	\$	Α	ccounts Pavable	)	\$			
Savings Accounts	\$	I						
IRA or Other Retirement Account	\$		Notes Payable to Banks and Others \$  (Describe in Section 2)  Installment Account (Auto) \$  Mo. Payments \$  Installment Account (Other) \$  Mo. Payments \$					
Accounts & Notes Receivable	\$	Ir						
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$							
Stocks and Bonds	\$							
(Describe in Section 3)	¢		Loan on Life Insurance					
Real Estate (Describe in Section 4)	\$		Mortgages on Real Estate\$					
Automobile-Present Value	\$	L	Unpaid Taxes					
Other Personal Property(Describe in Section 5)	\$		(Describe in Section 6) Other Liabilities \$					
Other Assets	\$		(Describe in Section 7)					
(Describe in Section 5)			Total Liabilities\$					
		N	et Worth		\$_			
Total	\$			1	Total \$_			
Section 1. Source of Income		С	ontingent Liabi	ilities				
Salary	\$	А	s Endorser or Co	o-Maker	\$			
Net Investment Income	\$	I	As Endorser or Co-Maker \$					
Real Estate Income	\$		Provision for Federal Income Tax \$					
Other Income (Describe below)*	\$		Other Special Debt \$					
Description of Other Income in Section 1.								
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*Alimony or child support payments need not be disclose	ed in "Other Income" un	less it is de	sired to have such	n navments counted t	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	Currer	t Payment e Amount	Frequency (monthly,etc.)	How Secur	ed or Endorsed f Collateral		
				(Contract)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		

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		of Securities	Cost		Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value			
					Quotation/Exchange	Quotation/Exchange				
Section 4. Real Estate Owned.		(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)								
		Property A		Property B			Property C			
Type of Property										
Address										
Date Purchased										
Original Cost										
Present Market Valu	ie									
Name & Address of Mortgage	e Holder									
Mortgage Account N	lumber									
Mortgage Balance										
Amount of Payment	per Month/Year									
Status of Mortgage										
Section 5. Other Po	ersonal Property ar				I as security, state name escribe delinquency)	and address of lien hold	der, amount of lien, terms			
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. Oth	ner Liabilities. (De	escribe in detail.)								
Section 8. Life	Insurance Held.	(Give face amount and	cash surrende	r value of	policies - name of insu	urance company and	peneficiaries)			
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:  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 Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.										