

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) ea 20% or more of voting stock, or (4) any person or e	ach limited partner who ntity providing a guarar	o owns 20% nty on the lo	or more inter an.	est and each gener	al partner, or (3) ea	ch stockholder owning		
Name		Business Phone						
Residence Address			Residence Phone					
City, State, & Zip Code								
Business Name of Applicant/Borrower								
ASSETS	(Omit Cent	is)		LIA	BILITIES	(Omit Cents)		
Cash on hand & in Banks Savings Accounts IRA or Other Retirement Account Accounts & Notes Receivable Life Insurance-Cash Surrender Value Only (Complete Section 8) Stocks and Bonds (Describe in Section 3)	\$\$ \$\$ \$\$ \$\$	Note: Insta Insta Insta I Loan	s Payable to B Describe in S Ilment Accour Mo. Payments Ilment Accour Mo. Payments on Life Insur	nt (Auto) \$ ht (Other) \$ ance	\$\$ 			
Real Estate	\$\$	(Unpa (Describe in S id Taxes Describe in S	Section 6)	\$			
Other Assets(Describe in Section 5)	\$\$	(Total	Describe in S Liabilities	·····	\$\$			
Section 1. Source of Income	•	Cont	ingent Liabi					
Salary	\$ \$ \$	As E Lega Provi	ndorser or Co I Claims & Ju sion for Fede	-Maker	\$\$			
*Alimony or child support payments need not be disclose Section 2. Notes Payable to Banks and Others.	ed in "Other Income" unle (Use attachments if ne					atement and signed.)		
-	Original	Current	Payment	Frequency	How Secu	red or Endorsed		
Name and Address of Noteholder(s)	Original Balance	Balance	Amount	Frequency (monthly,etc.)	Туре	red or Endorsed of Collateral		

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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			
Section 4. Real Est	ate Owned.	(List each parcel separate of this statement and sign	ely. Use attach red.)	nment if n	ecessary. Each attach	hment must be identified	d as a part			
		Property A			Property B		Property C			
Type of Property										
Address										
Date Purchased										
Original Cost										
Present Market Valu	e									
Name & Address of Mortgage	e Holder									
Mortgage Account N	lumber									
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. Unp	paid Taxes. (De	escribe in detail, as to type,	, to whom paya	able, wher	n due, amount, and to	what property, if any, a	tax lien attaches.)			
Section 7. Oth	er Liabilities. (De	escribe in detail.)								
Section 8. Life	e Insurance Held.	(Give face amount and	cash surrende	r value of	policies - name of ins	urance company and be	eneficiaries)			
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.										