Name	Business Phone (xxx-xxx-xxxx)						
Home Address	Iome Address Home Phone (xxx-xxx-xxxx)						
City, State, & Zip Code							
Business Name of Applicant/Borrower							
Business Address (if different than home address)							
Business Type: Corporation S-Corp LLC Partnership Sole Proprietor							
This information is current as of [month/day/year] (within 90 days of submission)							
Joint tax returns filed	Yes No						
	ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)			
Cash on Hand & in banks Savings Accounts	bleender Value Only	·	Accounts Payable	·			
Section 1. Source of Income. Salary							

Names and Addresses of Noteholder(s)		of	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)		How Secured or Endorsed Type of Collateral	
Section 3. Stocks an	d Bond	ls. (Use at	tachments if ned	cessary. Each a	ttachment must be	identified as pa	art of this state	ement and signed	1.)
· ·		•	e of Securities Cost		Market Value Da		ate of Total Value		
ection 4. Real Estate	Owne	d. (List ea	ach parcel separ	ately. Use attac	nment if necessary	. Each attachn	nent must be	identified as a pa	rt of this statement
,			Property	Α	F	Property B		Pro	operty C
Type of Real Estate (e Primary Residence, Ot Residence, Rental Pro Land, etc.)	her								
Address									
Date Purchased									
Original Cost									
Present Market Value									
Name & Address of Mortgage Holder									
Mortgage Account Nur	nber								
Mortgage Balance									
Amount of Payment pe Month/Year	r								
Status of Mortgage									
Section 5. Other Persholder, amount of lien,							s security, s	state name and	d address of lien

Section 6. Unpaid Taxes. (Describe in detail as to typ lien attaches.)	e, to whom payable, when due, amount, and to what property, if any, a tax
·	
Section 7. Other Liabilities. (Describe in detail.)	
Section 8. Life Insurance Held. (Give face amount ar Beneficiaries.)	nd cash surrender value of policies – name of insurance company and
I authorize Lender/Surety Company to make inquiries as my creditworthiness.	necessary to verify the accuracy of the statements made and to determine
<u>CERTIFICATION</u> : (to be completed by each person submor more owner when joint tax returns are filed)	nitting the information requested on this form and the spouse of any 20%
	esecution that all information on this form and any additional supporting
Certified Development Companies or Surety Companies	to the best of my knowledge. I understand that participating Lenders or will rely on this information when making decisions regarding an
application for a loan, or surety bond. I further certify that	I have read the attached statements required by law and executive order.
Signature	Date
Print Name	Social Security No.
Signature	Date
Print Name	Social Security No.