Name		Business Phone (xxx-xxx-xxxx)					
ome 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]							
Applicant only, Married Yes	_ No						
ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)				
Cash on Hand & in banks. Savings Accounts		Accounts Payable Notes Payable to Banks and Others (Describe in Section 2) Installment Account (Auto)	·				
Section 1. Source of Income. Salary							

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)									
Names and Addresses of Noteholder(s)		Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)		How Secured or Endorsed Type of Collateral		
Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)								d.)	
Number of Shares Name of S		ecurities	Cost				te of n/Exchange	Total Value	
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.)									
		Prop		A	F	Property B		Property C	
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)									
Address									
Date Purchased									
Original Cost									
Present Market Value									
Name & Address of Mortgage Holder									
Mortgage Account Number									
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. Unpaid Taxes. (Describe in detail as to tylien attaches.)	ype, 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 Beneficiaries.)	and cash surrender value of policies – name of insurance company and
Signature	Date
Print Name	Social Security No.
Signature	Date
Print Name	Social Security No.