



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____ 20 _____

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, or (4) any 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 | | LIABILITIES | |
|--|--------------|---|--------------|
| | (Omit Cents) | | (Omit Cents) |
| Cash on hands & in Banks | \$ | Accounts Payable | \$ |
| Savings Accounts | \$ | Notes Payable to Banks and Others | \$ |
| IRA or Other Retirement Account | \$ | (Describe in Section 2) | |
| Accounts & Notes Receivable | \$ | Installment Account (Auto) | \$ |
| Life Insurance-Cash Surrender Value Only | \$ | Mo. Payments \$ | |
| (Complete Section 8) | | Installment Account (Other) | \$ |
| Stocks and Bonds | \$ | Mo. Payments \$ | |
| (Describe in Section 3) | | Loan on Life Insurance | \$ |
| Real Estate | \$ | Mortgages on Real Estate | \$ |
| (Describe in Section 4) | | (Describe in Section 4) | |
| Autornobile-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 & Judgments |
| 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 disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

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

| Name and Address of Noteholder(s) | Original Balance | Current Balance | Payment Amount | Frequency (monthly, etc) | How Secured or Endorsed Type of Collateral |
|-----------------------------------|------------------|-----------------|----------------|--------------------------|--|
| | | | | | |
| | | | | | |
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| Section 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of the statement and signed.) | | | | | |
|---|--------------------|--|------------------------------------|-------------------------------|-------------|
| Number of Shares | Name of Securities | Cost | Market Value Quotation/Exchange | Date of Quotation/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.) | | | |
| | | Property A | Property B | Property C | |
| Type of Property | | | | | |
| Name and address of Title Holder | | | | | |
| 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 type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.) | | | | | |
| | | | | | |
| Section 7. Other Liabilities (Describe in Detail) | | | | | |
| | | | | | |
| Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.) | | | | | |
| | | | | | |
| 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 (3245-018), Office of Management and Budget, Washington, D.C. 20503. | | | | | |