


Personal Financial Statement

 PERSONAL FINANCIAL STATEMENT					
U.S. SMALL BUSINESS ADMINISTRATION					
As of _____, 19 ____					
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)				
Automobile-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					
Salary \$ _____	Contingent Liabilities				
Net Investment Income \$ _____	As Endorser or Co-Maker \$ _____				
Real Estate Income \$ _____	Legal Claims & Judgments \$ _____				
Other Income (Describe below)* \$ _____	Provision for Federal Income Tax \$ _____				
	Other Special Debt \$ _____				
Description of Other Income in Section 1. _____					

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.					
(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

Section 3.					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4.			
(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 Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5.	
(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 (3245-0188), Office of Management and Budget, Washington, D.C. 20503.