

## OMB APPROVAL NO. 3245-0188 EXPIRATION DATE:11/30/2004

## PERSONAL FINANCIAL STATEMENT

$V_{I_{STR}}$ U.S. SMALL BUSINESS ADMINISTRATION				As of		,			
Complete this form for: (1) each proprietor, or (2) each 20% or more of voting stock, or (4) any person or en	ch limited partner who tity providing a guara	o owns 20% nty on the lo	or more inter an.	est and each gener	al partner, or (3)	each stockholder owning			
Name			Business Phone						
Residence Address			Residence Phone						
City, State, & Zip Code									
Business Name of Applicant/Borrower									
ASSETS	(Omit Cen	its)		LIA	BILITIES	(Omit Cents)			
Savings Accounts IRA or Other Retirement Account	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	Note     Insta     Insta <td>s Payable to I (Describe in S Ilment Accour Mo. Payments Ilment Accour Mo. Payments on Life Insur gages on Rea (Describe in S did Taxes (Describe in S r Liabilities Liabilities</td> <td>Banks and Others_   Section 2)   ht (Auto)   s   s   mt (Other)   s   ance   al Estate   section 4)   Section 6)</td> <td></td> <td>\$</td>	s Payable to I (Describe in S Ilment Accour Mo. Payments Ilment Accour Mo. Payments on Life Insur gages on Rea (Describe in S did Taxes (Describe in S r Liabilities Liabilities	Banks and Others_   Section 2)   ht (Auto)   s   s   mt (Other)   s   ance   al Estate   section 4)   Section 6)		\$			
Total	\$				otal	\$			
Section 1. Source of Income		Cont	tingent Liabi	lities					
,	\$ \$ \$	Lega Provi	l Claims & Ju ision for Fede	dgments ral Income Tax		\$\$\$\$			
*Alimony or child support payments need not be disclosed	l in "Other Income" unl	ass it is desire	ed to have such	navments counted to	ward total income				
Section 2. Notes Payable to Banks and Others.				tachment must be i					
Section 2. Notes Payable to Dariks and Others.	this statemer		d.)						
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Se Tyj	ecured or Endorsed pe of Collateral			



Section 3. Stocks	and Bonds. (Use at	ttachments if necessary.	Each attach	ment mu	st be identified as a	part of	this statement	and signed).			
Number of Shares	Name of Securities		Cost		Market Value Quotation/Exchange Quota		Date of tion/Exchange	Total Value			
Section 4. Real Estate Owned. (List each parcel separ of this statement and s			tely. Use attachment if necessary. Each attachment must be identified as a part aned.)								
		Property A		Property B			Property C				
Type of Property											
Address											
Date Purchased											
Original Cost											
Present Market Valu	е										
Name & Address of Mortgage	e Holder										
Mortgage Account N	umber										
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	baid Taxes. (De	escribe in detail, as to type,	, to whom paya	able, wher	n due, amount, and to	what pro	operty, if any, a t	ax lien attaches.)			
Section 7. Oth	er Liabilities. (De	escribe in detail.)									
Section 8. Life	Insurance Held.	(Give face amount and o	cash surrender	r value of	policies - name of in	surance o	company and be	neficiaries)			
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:	Socia	Security	Number:				
Signature:				Date:	Socia	Security	Number:				
PLEASE NOTE:	concerning this estim Administration, Washi	nge burden hours for the con nate or any other aspect of i ington, D.C. 20416, and Clear 503 <b>. PLEASE DO NOT SEND</b>	this information rance Officer, Pa	n, please o aper Redu	contact Chief, Adminis	strative B	ranch, U.S. Smal	I Business			