

PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION	As of _____, 20__
Complete this form (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:	Home/Cell:
Residence Address: Physical, P.O. Box, City, State, Zip		
Business Name of Applicant / Borrower:		

ASSETS	In Dollars (omit cents)	LIABILITIES	In Dollars (omit cents)
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Account	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$
IRA or Other Retirement Account	\$	Installment Account (Auto) Mo. Payment \$	\$
Accounts & Notes Receivable	\$	Installment Account (Other) Mo. Payment \$	\$
Life Insurance-Cash Surrender Value (Complete Section 8)	\$	Loan on Life Insurance	\$
Stocks and Bonds (Describe in Section 3)	\$	Mortgages on Real Estate (Describe in section 4)	\$
Real Estate (Describe in Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$
Automobile-Present Value	\$	Other Liabilities (Describe in Section 7)	\$
Other Personal Property (Describe in Section 5)	\$		\$
Other Assets (Describe in Section 5)	\$		
TOTAL ASSETS:	\$	TOTAL LIABILITIES:	\$
NET WORTH: \$			

Section 1. Source of Income (Annual)		Contingent Liabilities	
Salary:	\$	As Endorser or Co-Maker	
Net Investment Income		Legal Claims & Judgements	
Real Estate Income		Provision for Federal Income Tax	
Other Income (Describe Below)*		Other Special Debt	
Description of Other Income in Section 1:			

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Alimony or child support payment need not to 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

Section 3 Stocks and Bonds					
(Use attachments if necessary. Each attachment must be identified as part of this 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 attachments if necessary. Each attachment must be identified as 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			

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Section 5 Other Personal Property and Other Assets

(Describe, and if any is pledged as security, state name and address 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 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.

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**Schedule T
Form IA
Race / Ethnicity Discloser**

Signature of Applicant

Date

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicant seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Race (Mark one or more)

White _____ **Black or African American** _____

American Indian / Alaskan Native _____ **Asian** _____

Native Hawaiian or Other Pacific Islander _____

Gender: Male _____ **Female** _____

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