

# BORROWER PERSONAL FINANCIAL STATEMENT

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 and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name: \_\_\_\_\_ Business Phone \_\_\_\_\_

Residence Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Residence Phone \_\_\_\_\_ Primary Banking Relationship: \_\_\_\_\_

Business Name of Applicant/Borrower \_\_\_\_\_ Personal Tax returns Filed For \_\_\_\_\_

<b>Assets</b>	(omit cents)	<b>Liabilities</b>	(omit cents)
Cash on Hand and in Banks	_____	Accounts Payable	_____
Savings Accounts	_____	Notes Payable to Banks and Others	_____
IRA or Other Retirement Accounts	_____	<i>(Describe in Section 2)</i>	
Accounts & Notes Receivable	_____	Installment Account (Auto)	_____
Life Insurance – Cash Surrender Value Only	_____	Mo. Payments \$	
<i>(Complete Section 8)</i>		Installment Account (Other)	_____
Stocks and Bonds	_____	Mo. Payments \$	
<i>(Describe in Section 3)</i>		Loan on Life Insurance	_____
Real Estate	_____	Mortgages on Real Estate	_____
<i>(Describe in Section 4)</i>		<i>(Describe in Section 4)</i>	
Automobile – Present Value	_____	Unpaid Taxes	_____
Other Personal Property	_____	<i>(Describe in Section 6)</i>	
<i>(Describe in Section 5)</i>		Other Liabilities	_____
Other Assets	_____	<i>(Describe in Section 7)</i>	
<i>(Describe in Section 5)</i>		Total Liabilities	\$ _____
Total Assets	\$ _____		
<b>Total Net Worth</b>		\$ _____	

<b>SECTION 1. Source of Income</b>	<b>Contingent Liabilities</b>
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Salary (jointly)	As Endorsor or Co-Maker
Net Investment Income	Legal Claims and Judgements
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 part of this Statement and signed).

Name of Noteholder	Original Balance	Current Balance	Payment	Collateral

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## 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 Quote/Exchange	Date of Quote/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).

Type of Property	Property A	Property B	Property C	Property D
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

(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien and terms of payment, and if delinquent, describe delinquency).

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## 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).

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## SECTION 7. Other Liabilities (Describe in detail)

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## SECTION 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries).

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I authorize Alliance to make inquiries as necessary to verify the accuracy of the statements made and 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).

Borrower's  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Co-Borrower's  
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 office, Paper reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503 US Government Printing Office 1992 – 312/62831