

## U.S. SMALL BUSINESS ADMINISTRATION

FINANCIAL STATEMENT OF DEBTOR

(INSERT THE WORD "NONE" WHERE APPLICABLE TO ANY OF THE FOLLOWING ITEMS)

WISTRE (INSERT THE W	OKD NONE WHERE	APPLICABLE 10	ANT OF I	HE FULLOWING ITEMS)			
1. NAME				2. DATE OF BIRTH (Mo	nth, Day a	nd Year)	
3. ADDRESS (Include ZIP Code)		4. PHONE NO.	5. SOC	5. SOCIAL SEC. NO.			
6. OCCUPATION	SB	SA LOAN NUMBER	?	7. HOW LONG IN PRESENT			
8. EMPLOYER'S NAME		ADDRESS	S (Include Z	IP Code)	PHON	E NUMBER	
9. MONTHLY INCOME: Salary or wages Commissions Other (state source)	10. OTHER EMPLOYE Name	ERS WITHIN LAST	Γ3 YEARS	Address		Dates of Employment	
Total \$   11. NAME OF SPOUSE		SOCIAL S	SEC. NO.	12. DATE OF BIRTH (Mo	onth, Day a	and Year)	
13. OCCUPATION		14. HOW LONG IN PRESENT					
15. SPOUSE'S EMPLOYER (Name)	ADDRESS	S (Include Z	IP Code)	PHONE NUMBER			
16. MONTHLY INCOME OF SPOUSE: Salary or wages \$ Commissions \$ Other (state source) \$ Total \$	17. OTHER EMPLOYE Name	ERS WITHIN LAST	Γ3 YEARS	(Of Spouse) Address		Dates of Employment	
18. OTHER DEPENDENTS:NUN Name	BER Relationship	Age 23	23. FIXED MONTHLY EXPENSES: (TO Note that the second of th			S S S S S S S S S S S S S S S S S S S	
19. TOTAL MONTHLY INCOME OF DEPENDEN  20. FOR WHAT PERIOD DID YOU LAST FILE A  21. WHERE WAS TAX RETURN FILED?  22. AMOUNT OF GROSS INCOME REPORTED		Autom Doctor Other	nal Loans obile s and Dentist (Specify) ED MONTHLY EXPENSE	\$ \$ \$			
24. ASSETS: (Fair Market Value) Cash Checking accounts: (Show location)  Savings Accounts: (Show location)  Cash surrender value of life insurance Motor Vehicles: Make Year License No.	\$	Bills owed Installment Taxes owe Income	LITIES (grocery, do debt (car, fod) d:	ctor, lawyer, etc.) urniture, clothing, etc.)	\$		
Debts owed to you: (Name of debtor)				ks, finance companies, etc.	.)		
Stocks, bonds and other securities: (Itemize)	Loans on L	imall Business Administration oans on Life Insurance					
Household furniture and goods Items Used in Trade or Business Other Personal Property; (Itemize)		Margin Pay	on Real Est /able on Sed s: (Itemize)				
Real Estate: (Itemize)							
Other Assets: (Itemize)		Total Liabil	ities		\$		
TOTAL ASSETS:	\$	CONTING	ENT LIABIL	LITIES			

25.	LOANS PAYABLE:	Dete of Lean	Orininal	A	Dunnant Dal			ta	
	Owed To	Date of Loan	Original Amount		Present Bal	ance	Terms of Repaymer	ts How Secu	rea
		\$			\$		\$		
		\$			\$		\$		
26.	REAL ESTATE OWNED: (Free &	L & Clear)	How Owned (Join	ntly, individua	<u>'</u>	Pr	esent Market Value		
	Address		• ,						
			\$						
27. REAL ESTATE BEING PURCHASED ON CONTRACT OR MORTGAGE		Date acquired				Balance Owed \$			
Address			Name of Seller or Mortgagor						
			Purchase Price			Da	Date Next Cash Payment Due		
			\$ Present Market Value			Ar	Amount of Next Cash Payment		
			\$			\$	\$		
28.	LIFE INSURANCE POLICIES: (	Company					Surrender Value	Outstanding Lo	oans
				\$		\$		\$	
				\$		\$		\$	
				\$		\$		\$	
29.	LIST ALL REAL AND PERSONA	AL PROPERTY O	WNED BY SPOUS	SE AND DEF	PENDENTS VAL	LUED IN	I EXCESS OF \$200:		
30.	LIST ALL TRANSFERS OF PRO	PERTY. INCLUD	ING CASH (BY LO	DAN. GIFT. S	SALE. ETC.). TH	HAT YO	U HAVE MADE WITH	IIN THE LAST TH	REE
	ARS. (LIST ONLY TRANSFERS O Property Transferred	OF \$300 OR OVE	R.)	Whom	- , - ,,	I	Date	Amount	
	rioporty Transiente		10	, whom				, anodin	
-								\$	
								<b>₽</b>	
31.	ARE YOU A CO-MAKER, GUAF			W SUIT OR	CLAIM NOW PE	L NDING		<u>,                                      </u>	
	YES NO I	IF YES, GIVE DET	ΓAILS						
32.	ARE YOU A TRUSTEE, EXECU	ITOR, OR ADMIN	ISTRATOR?	YES	NO		IF YES, GIVE DETAIL	.S	
	ADE VOIL ( DEVISE DE LA CONTRACTION DELLA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRA	DED 4 DELICIO	OD D000:=:= :		25.05.25	DE	10.00 505.5: :-:	20 112	
33.	ARE YOU A BENEFICIARY UNI IF YES, GIVE DETAILS	DER A PENDING	, OR POSSIBLE, I	NHERITANO	CE OR TRUST,	PENDIN	IG OR ESTABLISHEI	0? NO	YES _
34	WHEN DO YOU FEEL THAT YO	OLI CAN START N	JAKING PAYMEN	TS 35 H	IOW MUCH DO	YOU F	EEL THAT YOU CAN	PAY SBA ON A	
04.	ON YOUR SBA DEBT?	50 0/11 01/11(1 11	WARRING TATIMET		ONTHLY OR P			TATI OBA OITA	
that	h knowledge of the penalties for fa this financial statement is submitte Ill my income and assets, real and	ed by me to affect	action by the Gove	ernment, I cei	rtify that all the al	tine and bove sta	vor rive years imprison itement is true and that	ment) and with kno it is a complete sta	wiedge atement
the priv	der the provisions of the Privacy Ac social security number to distinguis ilege to which an individual is entitl lies and to keep accurate loan rec	sh between people ed by law but havi	e with a similar or th	ne same nam	ne. Failure to pro	vide this	s number may not affe	ct any right, benefit	t or
Any	Person concerned with the collectormation/Privacy Acts Division, Sm	tion of this informa					rivacy Act may contact	the Freedom of	
	NATURE			.,,	g, 2.0.		DATE		
	NO	TE: USE ADDITIO	ONAL SHEETS WI	HERE SPAC	CE ON THIS FO	RM IS II	NSUFFICIENT.		