

PERSONAL FINANCIAL STATEMENT

The purpose of this form is to collect information about the Business Applicant and its owners' financial condition. RLFC uses the information required by this Form as one of a number of data sources in analyzing the repayment ability and creditworthiness of an applicant for an RLF loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. Failure to provide the information would impact the Committee's decision on your application.

To complete this form

- 1) Check all that apply.
- 2) Complete the form in its entirety (attached a separate sheet, if necessary)
- 3) Review the applicable certifications and sign (spousal signature, if required)

<input type="checkbox"/>	Revolving Loan Fund
Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant; and (5) any person providing a guaranty on the loan (including the assets and liabilities of the owner's spouse and any minor children).	

Name	Business Phone (xxx-xxx-xxxx)
Home Address	Home Phone (xxx-xxx-xxxx)
City, State, & Zip Code	
Business Name of Applicant/Borrower	
Business Address (if different than home address)	
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor (does not apply to ODA applicant)	
This information is current as of [month/day/year] (within 90 days of submission for 7(a)/504/SBG/ODA/WOSB or within 30 days of submission for 8(a) BD)	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on Hand & in banks	_____	Accounts Payable.....	_____
Savings Accounts.....	_____	Notes Payable to Banks and Others	_____
IRA or Other Retirement Account	_____	(Describe in Section 2)	
(Describe in Section 5)		Installment Account (Auto).....	_____
Accounts & Notes Receivable	_____	Mo. Payments _____	
(Describe in Section 5)		Installment Account (Other).....	_____
Life Insurance – Cash Surrender Value Only.....	_____	Mo. Payments _____	
(Describe in Section 8)		Loan(s) Against Life Insurance.....	_____
Stocks and Bonds	_____	Mortgages on Real Estate	_____
(Describe in Section 3)		(Describe in Section 4)	
Real Estate	_____	Unpaid Taxes.....	_____
(Describe in Section 4)		(Describe in Section 6)	
Automobiles	_____	Other Liabilities.....	_____
(Describe in Section 5, and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property.....	_____	Total Liabilities.....	\$ 0
(Describe in Section 5)		Net Worth.....	_____
Other Assets	_____		
(Describe in Section 5)		Total	\$ 0
Total	\$ 0	Must equal total in assets column.	

Section 1. Source of Income.	Contingent Liabilities
Salary..... Net Investment Income..... Real Estate Income..... Other Income (Describe below).....	As Endorser or Co-Maker..... Legal Claims & Judgments..... Provision for Federal Income Tax..... Other Special Debt.....

Description of Other Income in Section 1 (Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income)

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Names and Addresses 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 attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
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. 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.)

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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 the RLFC to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that RLFC or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan. I further certify that I have read the attached statements required by law and executive order.-

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____