

PERSONAL FINANCIAL STATEMENT As of (date) _____

Important! If married, Federal Statute REQUIRES that this form MUST be completed and signed jointly.
 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 member of a Limited Liability Partnership, or (4) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (5) each member of a Limited Liability Company owning 20% or more interest, or (6) any other person or entity providing a guaranty on the loan.

Your Name & Spouse's Name _____	
Residence Phone _____	Business Phone _____
Residence Address _____	
City _____	State _____ Zip _____
Business Name of Applicant/Borrower _____	

ASSETS		LIABILITIES	
Cash on hand & in banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks & Others	\$ _____
IRA or other retirement accounts	\$ _____	<i>(describe in Section 2)</i>	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto) Monthly Payment _____	\$ _____
Life Insurance-Cash Surrender Value Only <i>(complete Section 8)</i>	\$ _____	Installment Account (Other) Monthly Payment _____	\$ _____
Stocks and Bonds <i>(describe in Section 3)</i>	\$ _____	Loan on Life Insurance	\$ _____
Real Estate <i>(describe in Section 4)</i>	\$ _____	Mortgages on Real Estate <i>(describe in Section 4)</i>	\$ _____
Automobile: Present Value	\$ _____	Unpaid Taxes <i>(describe in Section 6)</i>	\$ _____
Other Personal Property <i>(describe in Section 5)</i>	\$ _____	Other Liabilities <i>(describe in Section 7)</i>	\$ _____
Other Assets <i>(describe in Section 5)</i>	\$ _____	TOTAL LIABILITIES	\$ _____
TOTAL ASSETS	\$ _____	NET WORTH	\$ _____

SECTION 1: SOURCE OF INCOME		CONTINGENT LIABILITIES	
Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgments	\$ _____
Real Estate Income	\$ _____	Provision for Federal Income Tax	\$ _____
Other Income <i>(describe below)</i>	\$ _____	Other Special Debt	\$ _____

Description of Other Income in Section 1

**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 & OTHERS

Name & Address of Note Holder (s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	Type of Collateral

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SECTION 3: STOCKS AND BONDS

# 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.

	Property A	Property B	Property C
Type of Property			
Address of Property			
Name of Property Owner			
Date Purchased			
Original Cost			
Present Market Value			
Name of Lender			
Loan Number			
Loan Balance			
Monthly Payment			
Status of Loan			
Rental Income Per Month			

SECTION 5: OTHER PERSONAL PROPERTY AND OTHER ASSETS

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SECTION 6: UNPAID TAXES – describe in detail, as to type, to whom payable, when due, amount & 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: INSURANCE HELD – give face amount & cash surrender value of policies, name of insurance & beneficiaries

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I authorize SBA/Business Finance Group, Inc. to make inquiries as necessary to verify the accuracy of the statements made & determine my creditworthiness. I certify the above & the statements contained in the attachments are true & accurate as of the dated dates(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	SS#
Signature	Date	SS#

PROJECTIONS

	Year 1	Year 2
REVENUES		
COST OF GOODS SOLD		
GROSS PROFITS		
EXPENSES		
Officers Salary		
Staff Salary		
Payroll Taxes		
Offices Supplies		
Building Rent/Mortgage Payment		
Equipment Rental		
Repairs		
Insurance		
Bank Charges		
Vehicle Expenses		
Utilities		
Telephone		
Professional Fees		
Contracted Labor		
Dues & Subscriptions		
Advertising		
License & Taxes		
Depreciation & Amortization		
Lease Payments		
Interest Expense		
Other expenses		
TOTAL EXPENSES	_____	_____
OTHER INCOME / EXPENSE		
_____	_____	_____
_____	_____	_____
_____	_____	_____
NET INCOME	_____	_____

Month-by-Month Cash Flow (start up businesses only)

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL
SALES													
<u>Less:</u>													
<i>Cost of goods sold</i>													
GROSS PROFIT													
<u>Less:</u>													
<i>Salaries (other than owner)</i>													
<i>Rent- Property</i>													
<i>Rent- Equipment</i>													
<i>Auto & Truck Exp</i>													
<i>Supplies</i>													
<i>Advertising</i>													
<i>Telephone & Utilities</i>													
<i>Bad Debts</i>													
<i>Taxes & Licenses</i>													
<i>Repairs & Maintenance</i>													
<i>Depreciation</i>													
<i>Accounting & Legal</i>													
<i>Insurance</i>													
<i>Interest Expense</i>													
<i>Office Expense</i>													
<i>Other Expense</i>													
<u>Less: Total Expenses</u>													
NET PROFIT													
<u>Less:</u>													
<i>Owner Withdrawals</i>													
AMOUNT AVAILABLE FOR LOAN PAYMENTS													
<u>Less:</u>													
<i>Loan Principal Payment</i>													
BALANCE RETAINED BY BUSINESS													