

			As of,,					
Complete this form for: (1) each proprieto		-						
(3) each stockholder owing 10% or more of	of voting stoc	k, or (4) any p	erson or entit	y providing a guar	anty on the lo	an		
Name:	l l	Business Phone:						
Residence Address:			Residence Phone:					
City, State & Zip Code:								
Business Name of Applicant/Borrower	·:							
ASSETS			LIABILITIES					
Cash on Hand & in Banks	\$		Account Payable			\$		
Savings Accounts	\$	1	Notes Payable to Banks and Others			\$		
IRA or Other Retirement Account	\$		(Describe in Section 2)					
Accounts & Notes Receivable	\$	ī	Installment Account (Auto)			\$		
Life Insurance – Cash Surrender Value Onl	y \$		Monthly Payments \$					
(Describe in Section 8)			Installment Account (Other)			\$		
Stocks and Bonds	\$		Monthly Payments \$			·		
(Describe in Section 3)			Loan on Life Insurance			\$		
Real Estate	. \$	Ī	Mortgages on Real Estate		\$			
(Describe in Section 4)	'		(Describe in Section 4)		·			
Automobile – Present Value	\$	l l	Unpaid Taxes		\$			
Other Personal Property			-	in Section 6)		·		
(Describe in Section 5)	'		Other Liabilities		\$			
Other Assets	\$		(Describe in Section 7)		*			
(Describe in Section 5)				S		\$		
(Describe in Describinary			Net Worth			\$		
Total \$		H.	100 110 111	\$				
SECTION 1. SOURCE OF INCOME		(	Total   \$  CONTINGENT LIABILTIES					
Salary	\$	/	As Endorser o	r Co-Maker		\$		
Net Investment Income	. \$	l	Legal Claims & Judgments			\$		
Real Estate Income			Provision for Federal Income Tax			\$		
Other Income (Describe Below)*			Other Special Debt			\$		
Description of Other Income in Section 1.								
*Alimony or child support payments need	not be disclo	osed in "Other	Income" unle	ess it is desired to	have such pay	ments counted		
toward total income								
SECTION 2. NOTES PAYBLE TO BANKS AND	OTHERS. (U	se attachments if i	necessary. Each at	tachment must be ident	tified as a part of th	is statement and signed)		
Name and Address of Noteholder(s) Original		Current	Payment Frequency How Secured or Endorsed			red or Endorsed		
	Balance	Balance	Amount (monthly, etc.) Type of Collateral		of Collateral			

SECTION 3. STOCK AND BONDS. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)									
Number of Shares	Name of Securities	Cost	Market Value	Date of	Total Value				
			Quotation/Exchange	Quotation/Exchange					
SECTION 4. REAL ESTATE OWNED. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as part of									
		this statement and sign	·						
	Proper	у А	Property B	Prop	Property C				
Type of Property									
Address									
Date Purchased									
Original Cost									
Present Market Val	ue								
Name & Address of									
Mortgage Holder									
Mortgage Accoun									
Number									
Mortgage Balance									
Amount of Paymer	וד								
per Month/Year									
Status of Mortgag									
SECTION 5. OTHER PEROSNAL 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)									
CECTION C. LINDAID	TAVEC (5 " )								
SECTION 6. UNPAID	TAXES. (Describe in de	etail, as to type, to whom	payable, when due, amoun	t, and to what property, if any	, a tax lien attaches.)				
SECTION 7. OTHER L	IABILITIES (Describe	in Detail)							
SECTION 8. LIFE INSURANCE HELD (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries)									
Louthorize the Curety/London to make inquires as passes to uself, the assument of the statement and to determine the statement of the statemen									
I authorize the Surety/Lender to make inquires 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									
	btaining a loan or guaranted		ac and decurate as or tile s	racea auto(3). These stateme	chica are made for				
parpose or triell of	Standard Guardine								
Signature		Date:	Social Security Num	her·					
Jigilature		Dutc.	Jocial Security Num	DCI.					
Cianatura		Data	Cooled Coounty Ale	h a w.					
Signature	J	Date:	Social Security Num	per:					