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: ☐ **Corporation** ☐ **S-Corp.** ☐ **LLC** ☐ **Partnership** ☐ **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)*	
WOSB applicant only, Married ☐ **Yes** ☐ **No**	

ASSETS (Omit Cents)		**LIABILITIES** (Omit Cents)	
Cash on Hand & in banks		Accounts Payable	$ 0
Savings Accounts	$ 0	Notes Payable to Banks and Others	$ 0
IRA or Other Retirement Account	$ 0	(Describe in Section 2)	
(Describe in Section 5)		Installment Account (Auto)	$ 0
Accounts & Notes Receivable		Mo. Payments	
(Describe in Section 5)		Installment Account (Other)	$ 0
Life Insurance – Cash Surrender Value Only		Mo. Payments	
(Describe in Section 8)		Loan(s) Against Life Insurance	$ 0
Stocks and Bonds	$ 0	Mortgages on Real Estate	
(Describe in Section 3)		(Describe in Section 4)	
Real Estate		Unpaid Taxes	$ 0
(Describe in Section 4)		(Describe in Section 6)	
Automobiles		Other Liabilities	$ 0
(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		As Endorser or Co-Maker	$ 0.00
Net Investment Income	$ 0.00	Legal Claims & Judgments	$ 0.00
Real Estate Income	$ 0.00	Provision for Federal Income Tax	$ 0.00
Other Income (Describe below)		Other Special Debt	$ 0.00

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)

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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.)
NA
Section 7. Other Liabilities. (Describe in detail.)
NA
Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and Beneficiaries.)

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.

Signature _____ Date _____

Print Name _____ Social Security No. ___-___-_____

Signature _____ Date _____

Print Name _____ Social Security No. ___-___-_____

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