

VIRGINIA SMALL BUSINESS FINANCING AUTHORITY

PERSONAL FINANCIAL STATEMENT

As of: _____

PERSONAL INFORMATION						
APPLICANT			CO-APPLICANT			
Home Address (City, State, Zip) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other		Mo. Payment	Home Address (City, State, Zip) <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other		Mo. Pmt.	
Home Phone	Date of Birth	Business Phone		Home Phone	Date of Birth	Business Phone
Social Security #	Employer/Business		Social Security #	Employer/Business		
Title/Position		# of Years	Title/Position		# of Years	
Name/Address of nearest relative not living with you		Phone Number	Name/Address of nearest relative not living with you		Phone Number	
ASSETS		AMOUNT (\$)	LIABILITIES		AMOUNT (\$)	
Cash on Hand and in Banks		\$	Accounts Payable (including credit cards)		\$	
Stocks and Bonds (Complete Schedule B)			Notes to Banks and Others (Complete Schedule A)			
Owned Business (Complete Schedule E)			Mortgages on Real Estate (Complete Schedule C)			
Accounts and Loans Receivable			Loans Against Life Insurance (Complete Schedule D)			
Real Estate (Residential and Investment) (Complete Schedule C)			Accrued Taxes Payable			
Cash Value of Life Insurance (Complete Schedule D)			Other Liabilities (Itemize)			
Retirement Accounts (Complete Schedule F)						
Personal Property (including automobiles)			TOTAL LIABILITIES			
Other Assets (Itemize)			NET WORTH (Total Assets-Total Liab.)			
TOTAL ASSETS		\$	TOTAL LIABILITIES AND NET WORTH		\$	
Source of Income		Amount (\$)	Contingent Liabilities		Amount (\$)	
Salary (Applicant)			As Endorser or Co-Maker (Applicant)			
Salary (Co-Applicant)			As Endorser or Co-Maker (Co-Applicant)			
Net Investment Income			Legal Claims and Judgments			
Real Estate Income			Provision for Federal Income Tax			
Other Income (Describe Below)*			Other Special Debt			
Description of Other Income listed above.						
* Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have it count toward total income.						
Schedule A. Notes Payable to Banks and Others						
Name of Bank/Noteholder	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral	

Schedule B. Stocks and Bonds						
<i># of Shares</i>	<i>Owner</i>	<i>Name of Securities</i>	<i>Cost</i>	<i>Market Value</i>	<i>Total Value</i>	<i>Encumbered</i>

Schedule C. Personal Residence and Real Estate Investments, Mortgage Debt										
<i>Personal Residence Property Address</i>	<i>Legal Owner</i>	<i>Purchase</i>		<i>Market Value</i>	<i>Present Balance</i>	<i>Int. Rate</i>	<i>Maturity Date</i>	<i>Monthly Payment</i>		<i>Lender</i>
		<i>Year</i>	<i>Price</i>					<i>Mo. Pmt.</i>	<i>Mo. Income</i>	
<i>Investment Property Address</i>	<i>Legal Owner</i>	<i>Purchase</i>		<i>Market Value</i>	<i>Present Balance</i>	<i>Int. Rate</i>	<i>Maturity Date</i>	<i>Mo.</i>	<i>Mo.</i>	<i>Lender</i>
		<i>Year</i>	<i>Price</i>					<i>Pmt.</i>	<i>Income</i>	

Schedule D. Life Insurance						
<i>Insurance Company</i>	<i>Face Amount</i>	<i>Policy Type</i>	<i>Beneficiary</i>	<i>Cash Surrender</i>	<i>Amount Borrowed</i>	<i>Owner of Policy</i>

Schedule E. Ownership in Other Business Interests					
<i>Type of Investment</i>	<i>Cost</i>	<i>Percent Owned</i>	<i>Property Description (if applicable)</i>	<i>Current Market Value</i>	<i>Partnership Debt</i>
Business/Professional (indicate name):					
Investments (including Tax Shelters):					

Schedule F. Retirement Accounts					
<i>Owner</i>	<i>Type (401k, IRA, etc.)</i>	<i>Custodian</i>	<i>Value</i>	<i>Encumbered?</i>	<i>Investment Type</i>

I authorize VSBFA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained herein are true and accurate as of the stated date(s). These statements are made for the purpose of obtaining a loan or guarantying a loan. I understand false statements may result in forfeiture of benefits and possible prosecution.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____