Loan Eligibility Analysis – Part 2

TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THE LOAN.			
Name			
FIRST MIDDLE	MAIDEN		LAST
Date of birth Place of birth	Race	Social Security No	
U.S. Citizen if not, please provide alien registration number			
Home address	City	State	Zip
From To	Home phone	Business p	hone
mmediate past address	City	State	Zip
From To			
Are you employed by the U.S. Government?	If so, give the name of the agend	cy and position	
Spouse's name			1407
Date of birth Place of birth	MAIDEN Race		LAST
Personal information Be sure to answer the next three questions correctly because they are important. The or conviction record will not necessarily disqualify you; an incorrect answer will probable be turned down.			
Are you presently under indictment, on parole or probation?	¥ Yes ■ N	0	
Have you ever been charged with or arrested for any criminal offense other than a mind vehicle violation? Include offenses which have been dismissed, discharged, or nolle properties and charges must be disclosed and explained on an attached sheet)	osequi.	0	
Have you ever been convicted, placed on pretrial diversion, or placed on any form of princluding adjudication withheld pending probation, for any criminal offense other than a motor vehicle violation?	minor	0	
If yes to any of the above, furnish details in a separate exhibit. List name(s) under which	ch held.		
Military service background			
Branch	From	То	
Rank at discharge Honorable?			
Job description			

Personal Resume Form CONTINUED

List chronologically, beginning with present employment

Work experience

Name of company					% of busin	ess owned
Full address		City		_ State		Zip
From	То	Title			Duties	
. ,						
Full address		City		State		Zip
From	То	Title			Duties	
Name of company					% of busi	ness owned
From	То	Title_			Duties	
Education (College or Tech Name and Location	nical Training)		Dates Attended		Major	Dograd or Cartificate
					Major 	Degree or Certificate
Comments						
2						
Comments						
3						
Comments						
4						
Comments						

Personal Financial Statement

As of	20

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 stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name		Home p	hone	Busin	Business phone	
Home address			City State Zip			o
Business name of applicant/borrower						
Assets	OMIT CENTS			Liabilities		OMIT CENTS
Cash on hand and in banks	\$	Acc	ounts payable _		\$	
Savings accounts	\$	Note	es payable to be	anks and others	\$	
IRA or other retirement account	\$	'	Describe in Sec	•		
Accounts and notes receivable	\$	Insta	allment account Ionthly paymen	t (Auto)ts	\$	
Life insurance-cash surrender value only (Complete Section 8)	\$\$	Insta		t (Other)	\$	
Stocks and bonds(Describe in Section 3)	\$	Loa	n on life insura	nce	\$	
Real estate(Describe in Section 4)	\$	1) ([Describe in Sec	•	. —	
Automobile-present value	\$	Unp	oaid taxes Describe in Sec			
Other personal property(Describe in Section 5)	\$	Oth	er liabilities	·	\$	
Other assets	\$	`	Describe in Sec	•		
(Describe in Section 5)						
Total	\$		worth		· · · · · · · · · · · · · · · · · · ·	
	*			Total	<u></u> \$ <u></u>	
Section 1.	Source of Income				Conti	ngent Liabilities
Solony	•	Asia	undorser or co-r	naker	\$	
Salary				ments		
Net investment income	•			l income tax		
Real estate income	¥ 					
Other income (Describe below)*	\$		ar special debt.			
Description of Other Income in Section 1.						
*Alimony or child support payments need not be disclos	sed in "Other Income" unles	ss it is desired	to have such pa	ayments counted toward	total income.	
Section 2. Notes Payable to Banks and Others	USE ATTACHMENTS IF NECESS.	ARY. EACH_ATT <u>AC</u>	HMENT MUST BE ID	DENTIFIED AS A PART OF THIS	STATEMENT AND SIGNED	. <u> </u>
Name and address of noteholders	Original balance	Current balance	Payment amount	Frequency (monthly, etc.)	How secured type of co	l or endorsed ollateral

Section 4. Real Easter Coveral Property A Property A Property A Property A Property B Property C Property A Property A Property B Property C Property A Property A Property B Property C Property B Property B Property C Property B Property B Property C Property B Property B Property C Property B Property B Property B Property B Property C Property B Property C Property B Property B Property B Property B Property B Property C Property B Property B Property B Property C Property B Property B Property B Property B Property B Property C Property B Property B Property C Property B Property B Property C Property B Property B Property B Property C Property B Property B	Section 3. Stock and Bonds	USE ATTACHMENTS IF NECESSARY. EACH ATTAC	HMENT MUST BE IDENTIFI	ED AS A PART OF THIS STATEMEN	FAND SIGNED.	
Property A Property B Property C Type of property Owner Property A Property B Property B Property C Type of property Owner Property A Property B Pro	Number of shares	Name of securities	Cost			Total value
Property A Property B Property C Special Code						
Property A Property B Property C Specification of the Property and Other Assets Section 5. Other Personal Property and Other Assets Section 7. Other Liabilities celescent in account a so of the State Modern Account August Residence State August August Residence State August August Residence State Residence State August August Residence Augus						
Property A Property B Property B Property C Special property Diver Property A Property B Property B Property address Property A Property B Property B Property A Property B Property B Property B Property B Property B Property B Property B Property B Property B Property B Property B Property B Proper						
Property A Property B Property C Special Code						
Section 5. Other Personal Property and Other Assats Section 7. Other Labilities Obsides Notice 1	Section 4. Real Estate Owne	d LIST EACH PARCEL SEPERATELY. USE ATTAC	HMENTS IF NECESSARY.	EACH ATTACHMENT MUST BE IDEN	TIFIED AS A PART OF THIS STAT	EMENT AND SIGNED.
Aborder Properly address Company address Com		Property A		Property B	Prop	perty C
Properly address a late purchased a late	Type of property					
And purchased Arrigage holder Arrigage holder Arrigage balance	Owner					
Present market value Arrigage holder Address of mortgage holder Address of mortgage holder Arrigage account number Arrigage balance	Property address					
Acrossed market value Acrossed holder Address of mortgage holder Acrossed holder Across	Date purchased					
Mortgage holder Mortgage account number Mortgage balance Mount of payment per month/year Status of mortgage Section 5. Other Personal Property and Other Assets DESCRIBE IN DETAIL, AS TO TYPE, TO WHOM PAYABLE, WHEN DUE, AMOUNT AND TO WHAT PROPERTY, IF ANY, A TAX LIEN ATTACHES. 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. Section 6. Life Insurance Held ONE FACE AMOUNT AND CASH SUBBRENDER VALUE OF POLICIES—NAME OF REJERANCE COMPANY AND BENEFICIABLES. Section 6. Life Insurance Held ONE FACE AMOUNT AND CASH SUBBRENDER VALUE OF POLICIES—NAME OF REJERANCE COMPANY AND BENEFICIABLES. Is uthorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above statements on talk in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FAL statements may result in forfeiture of benefits and possible prosecution by the U.S. Altorney General (Reference 18 U.S.C. 10001). Signature Date Social Security Number	Original cost					
Address of mortgage account number Mortgage account number Mortgage account number Mortgage balance Mount of payment per month/year Status of mortgage Section 5. Other Personal Property and Other Assets DESCRIBE, NOTHER WEST SECTION SECTIO	Present market value					
Mortgage account number Mortgage balance Mount of payment per month/year Status of mortgage Section 5. Other Personal Property and Other Assets OESCRIBE, NO IF ANY IS PLEGGED AS SECURITY STATE NAME AND ADDRESS OF LIEN HOLDER, AMOUNT OF LEN, TERMS OF PAYMENT, AND IT DELINOURNIT, OSCRIBE DELINOUSNOW. 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 Section 7. Other Liabilities DESCRIBE IN DETAIL. Section 8. Life Insurance Held GIVE FACE AMOUNT AND CASH SURRENDER VALUE OF POLICIES—MANE OF INSURANCE COMPANY AND BENEFICARIES. authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above statements contain the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. Lunderstand FAI statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 10001). Signature Date Social Security Number	Mortgage holder					
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