



PERSONAL FINANCIAL STATEMENT (Page 2)

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Names 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. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C	Property D
Type of Property				
Address				
Percent Interest in property				
Date Purchased				
Original Cost (x % interest)				
Present Mkt Value (x % interest)				
Name & Address of Mortgage Holder				
Mortgage Account Number				
Mortgage Balance (x % interest)				
Amt of Pmt./Mo. (x % interest)				
Rental Income/Mo. (if applicable)				
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).

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Section 7. Other Liabilities. (Describe in detail).

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Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries).

Company	Face Amount	Cash Value	Beneficiary

I authorize **Small Business Capital** 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 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 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:	Social Security No.:
Signature:	Date:	Social Security No.: