

General Information | To be completed by each guarantor

FULL LEGAL NAME (First Name, Middle Initial, Last Name)		TITLE	US CITIZEN Y/N	SOCIAL SECURITY NUMBER	VETERAN OR MILITARY	DATE OF BIRTH	% OF OWNERSHIP %
RESIDENCE PHYSICAL STREET ADDRESS	CITY	STATE	ZIP CODE	RESIDENCE PHONE	MOBILE PHONE	EMAIL ADDRESS	

Have you ever declared bankruptcy? Yes No

Are you currently involved in any lawsuits/litigations? Yes No

Are you past due on any tax obligations? Yes No

Have you ever defaulted on any federally assisted loan? Yes No

Personal Financial Statement

ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others (e.g. Credit Cards) (Describe in Section 6)	\$
Real Estate (Describe in Section 2)	\$	Installment Account (Auto) Sum of Monthly Payments	\$
Automobiles – Total Present Value (Describe in Section 3)	\$	Installment Account (Other) Sum of Monthly Payments	\$
IRA or Other Retirement Accounts (Describe in Section 3)	\$	Mortgages on Real Estate (Describe in Section 2)	\$
Accounts & Notes Receivable (Describe in Section 3)	\$	Unpaid Taxes (Describe in Section 7)	\$
Other Personal Property (Describe in Section 3)	\$	Other Liabilities (Describe in Section 7)	\$
Other Assets (Describe in Section 3)	\$	Loan on Life Insurance	\$
Stocks and Bonds (Describe in Section 4)	\$		
Life Insurance – Cash Surrender Value Only (Describe in Section 5)	\$		
Total	\$	Total Liabilities	\$
		Net Worth	\$
		Total	\$

SECTION 1 | Sources of Income

Salary	\$
Net Investment Income	\$
Real Estate Income	\$
Other Income (Describe below)*	\$

Contingent Liabilities

As Endorser or Co-Maker	\$
Legal Claims & Judgments	\$
Provision for Federal Income Tax	\$
Other Special Debt	\$

DESCRIPTION OF OTHER INCOME IN SECTION 1

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income

SECTION 2 | Real Estate Owned | List each parcel separately. Attach additional sheets if necessary, any attachments must be identified as a part of this statement and signed and dated

PROPERTY A					
TYPE OF REAL ESTATE	STREET ADDRESS		CITY	STATE	ZIP CODE
NAME(S) ON TITLE	DATE PURCHASED	ORIGINAL COST	PRESENT MARKET VALUE		
NAME OF MORTGAGE HOLDER	MORTGAGE ACCOUNT NUMBER	MORTGAGE BALANCE	PAYMENT AMOUNT	STATUS	
1.					
2.					

PROPERTY B					
TYPE OF REAL ESTATE	STREET ADDRESS		CITY	STATE	ZIP CODE
NAME(S) ON TITLE	DATE PURCHASED	ORIGINAL COST	PRESENT MARKET VALUE		
NAME OF MORTGAGE HOLDER	MORTGAGE ACCOUNT NUMBER	MORTGAGE BALANCE	PAYMENT AMOUNT	STATUS	
1.					
2.					

PROPERTY C					
TYPE OF REAL ESTATE	STREET ADDRESS		CITY	STATE	ZIP CODE
NAME(S) ON TITLE	DATE PURCHASED	ORIGINAL COST	PRESENT MARKET VALUE		
NAME OF MORTGAGE HOLDER	MORTGAGE ACCOUNT NUMBER	MORTGAGE BALANCE	PAYMENT AMOUNT	STATUS	
1.					
2.					

SECTION 3 Automobiles, Retirement Accounts, Accounts and Notes Receivable, Other Personal Property and Other Assets Attach additional sheets if necessary, any attachments must be signed and dated					
DESCRIPTION OF ASSET (For vehicles include Year, Make and Model)	PLEGGED AS SECURITY? Y/N	NAME OF LIENHOLDER	LIEN AMOUNT	TERMS OF PAYMENT	DELINQUENT? Y/N
1.					
2.					
3.					
4.					
DESCRIPTION OF DELINQUENCY (If applicable)					

SECTION 4 Stocks and Bonds Attach additional sheets if necessary, any attachments must be identified as a part of this statement and signed and dated					
NAME OF SECURITIES	NUMBER OF SHARES	COST	MARKET VALUE QUOTATION/EXCHANGE	DATE OF QUOTATION/EXCHANGE	TOTAL VALUE
1.					
2.					
3.					
4.					

SECTION 5 Life Insurance Attach additional sheets if necessary, any attachments must be identified as a part of this statement and signed and dated			
NAME OF INSURANCE COMPANY	FACE VALUE	CASH SURRENDER VALUE	BENEFICIARY(IES)
1.			
2.			

SECTION 6 Notes Payable to Banks and Others Attach additional sheets if necessary, any attachments must be identified as a part of this statement and signed and dated					
NAME OF NOTEHOLDER(S)	ORIGINAL BALANCE	CURRENT BALANCE	PAYMENT AMOUNT	FREQUENCY (Monthly, Etc.)	HOW SECURED OR ENDORSED (Type Of Collateral)
1.					
2.					
3.					
4.					

SECTION 7 Unpaid Taxes and Other Liabilities Attach additional sheets if necessary, any attachments must be identified as a part of this statement and signed and dated				
TYPE OF LIABILITY	TO WHOM PAYABLE	DUE DATE	AMOUNT DUE	ADDRESS OF PROPERTY TO WHICH TAX LIEN APPLIES (If applicable)
1.				
2.				
3.				
4.				

Certification

Each person signing below authorizes Lender, and its servicer Member Business Lending, LLC, to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. 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, as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. Each person signing below understands that FALSE statements may result in forfeiture of benefits and possible prosecution.

SIGNATURE	PRINTED NAME	SOCIAL SECURITY NUMBER	DATE
SIGNATURE OF SPOUSE	PRINTED NAME OF SPOUSE	SOCIAL SECURITY NUMBER OF SPOUSE	DATE