

**G: ITEMIZED SCHEDULE OF OTHER LIABILITIES**

Description	Amount	Date	Payments	Security

**H: ITEMIZED SCHEDULE OF OTHER INCOME**

Source	Amount Last Year	Is this recurring?

**IF YOU ARE A PRINCIPAL OF OR ARE EMPLOYED BY A FAMILY BUSINESS, PLEASE COMPLETE THIS SECTION:**

	Applicant	Co-Applicant
Dividend or partnership income (present year)		
Dividend or partnership income (prior year)		
Dividend or partnership income (second prior year)		

The foregoing application has been carefully prepared, and the undersigned hereby solemnly declare(s) and certify(s) that all information contained herein is complete, true, and correct. The information is submitted as being a true and accurate statement of the financial condition of the undersigned on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

X \_\_\_\_\_  
Applicant Date

X \_\_\_\_\_  
Co- Applicant Date