



## U.S. Small Business Administration FINANCIAL STATEMENT OF DEBTOR

(INSERT THE WORD "NONE" WHERE APPLICABLE TO ANY OF THE FOLLOWING ITEMS)

1. NAME		SBA LOAN NUMBER		2. DATE OF BIRTH (Month, Day and Year)																																															
3. ADDRESS (Include ZIP Code)			4. PHONE NO.		5. SOCIAL SEC. NO.																																														
6. OCCUPATION			7. HOW LONG IN PRESENT EMPLOYMENT?																																																
8. EMPLOYER'S NAME		ADDRESS (Include ZIP Code)		PHONE NUMBER																																															
9. MONTHLY INCOME:		10. OTHER EMPLOYERS WITHIN LAST 3 YEARS																																																	
Salary or wages \$ _____		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Address</th> <th style="width: 40%;">Dates of Employment</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name	Address	Dates of Employment																																											
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Other (state source) \$ _____																																																			
Total \$ _____																																																			
11. NAME OF SPOUSE		SOCIAL SEC. NO.		12. DATE OF BIRTH (Month, Day and Year)																																															
13. OCCUPATION			14. HOW LONG IN PRESENT EMPLOYMENT?																																																
15. SPOUSE'S EMPLOYER (Name)		ADDRESS (Include ZIP Code)		PHONE NUMBER																																															
16. MONTHLY INCOME OF SPOUSE:		17. OTHER EMPLOYERS WITHIN LAST 3 YEARS (Of Spouse)																																																	
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18. OTHER DEPENDENTS: _____ NUMBER			23. FIXED MONTHLY EXPENSES: (TO NEAREST DOLLAR)																																																
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19. TOTAL MONTHLY INCOME OF DEPENDENTS (Except Spouse) \$ _____			TOTAL FIXED MONTHLY EXPENSES \$ _____																																																
20. FOR WHAT PERIOD DID YOU LAST FILE A FEDERAL INCOME TAX RETURN?																																																			
21. WHERE WAS TAX RETURN FILED?																																																			
22. AMOUNT OF GROSS INCOME REPORTED \$ _____																																																			

NOTE: USE ADDITIONAL SHEETS WHERE SPACE ON THIS FORM IS INSUFFICIENT

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24. ASSETS AND LIABILITIES (SHOW AMOUNTS TO THE NEAREST DOLLAR)					
ASSETS: (Fair Market Value)			LIABILITIES		
Cash	\$		Bills owed (grocery, doctor, lawyer, etc.)	\$	
Checking Accounts: (Show location)			Installment debt (car, furniture, clothing, etc.)	\$	
	\$		Taxes Owed:		
	\$		Income	\$	
Savings Accounts: (Show location)			Other (itemize)	\$	
	\$			\$	
	\$		Loans payable (to banks, finance companies, etc.)		
Cash Surrender Value of Life Insurance	\$			\$	
Motor Vehicles:				\$	
Make	Year	License No.	Judgments you owe (Held by whom?)		
				\$	
				\$	
Debts owed to you: (Name of debtor)			Small Business Administration	\$	
	\$		Loans of Life Insurance	\$	
	\$		Mortgages of Real Estate		
Stocks, bonds, and other securities:				\$	
	\$			\$	
	\$			\$	
Household furniture and goods	\$		Margin Payable on Securities	\$	
Items Used in Trade or Business	\$		Other Debts (Itemize)		
Other Personal Property (Itemize)				\$	
	\$			\$	
	\$			\$	
Real Estate (Itemize)				\$	
	\$			\$	
	\$				
Other Assets (Itemize)			Total Liabilities	\$	
	\$		Net Worth	\$	
	\$				
TOTAL ASSETS:	\$		CONTINGENT LIABILITIES	\$	
25. LOANS PAYABLE					
Owed To:	Date of Loan	Original Amount	Present Balance	Terms of Repayments	How Secured?
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
26. REAL ESTATE OWNED (Free & Clear): Address		How Owned (Jointly, individually, etc.)		Present Market Value	
				\$	
				\$	

NOTE: USE ADDITIONAL SHEETS WHERE SPACE ON THIS FORM IS INSUFFICIENT

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27. REAL ESTATE BEING PURCHASED ON CONTRACT OR MORTGAGE (Address)	Date Acquired		Balance Owed: \$	
	Name of Seller or Mortgagor			
	Purchase Price \$		Date Next Cash Payment Due	
	Present Market Value \$		Amount of Next Cash Payment \$	

28. LIFE INSURANCE POLICIES: Company	Face Amount	Cash Surrender Value	Outstanding Loans
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

29. LIST ALL REAL AND PERSONAL PROPERTY OWNED BY SPOUSE AND DEPENDENTS VALUED IN EXCESS OF \$500:  


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30. LIST ALL TRANSFERS OF PEROPERTY, INCLUDING CASH (BY LOAN, GIFT, SALE, ETC.), THAT YOU HAVE MADE WITHIN THE LAST THREE YEARS. (LIST ONLY TRANSFERS OF \$500 OR OVER.)
 

Property Transferred	To Whom	Date	Amount
			\$
			\$
			\$

31. ARE YOU A CO-MAKER, GUARANTOR, OR A PARTY IN ANY LAW SUIT OR CLAIM NOW PENDING?  
☐ YES    ☐ NO    IF YES, GIVE DETAILS

32. ARE YOU A TRUSTEE, EXECUTOR, OR ADMINISTRATOR?    ☐ YES    ☐ NO    IF YES, GIVE DETAILS

33. ARE YOU A BENEFICIARY UNDER A PENDING, OR POSSIBLE, INHERITANCE OR TRUST, PENDING OR ESTABLISHED?    ☐ YES    ☐ NO  
 IF YES, GIVE DETAILS

34. WHEN DO YOU BELIEVE THAT YOU CAN START MAKING PAYMENTS ON YOUR SBA DEBT?	35. HOW MUCH DO YOU BELIEVE THAT YOU CAN PAY SBA ON A MONTHLY OR PERIODIC BASIS?
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Under the provisions of the Privacy Act, loan applicants are not required to give their social security number. The Small Business Administration, however, uses the social security number to distinguish between people with a similar or the same name. Failure to provide this number may not affect any right, benefit or privilege to which an individual is entitled by law but having the number makes it easier for SBA to more accurately identify to whom adverse credit information applies and to keep accurate loan records.

Any Person concerned with the collection of this information, its voluntariness, disclosure or routine use under the Privacy Act may contact the Freedom of Information/Privacy Acts Office, Small Business Administration, 409 3<sup>rd</sup> St., S.W., Washington, D.C. 20416.

**By signing below, I certify that all statements made in this form, and all information provided with this form, are true and correct, I understand that SBA and my lender are relying on this information, and that false statements can lead to criminal prosecution under 18 U.S.C. 1001 and other laws, with fines of up to \$500,000 and imprisonment up to 10 years, and civil fraud damages of three times the government's loss.**

SIGNATURE	DATE
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**Purpose:** The primary purpose for collecting this information is to evaluate the debtor's financial capacity to repay the debt owed to the Agency and determine to what extent the Agency may compromise the debt, maximize recovery, and protect the interests of the Agency. Providing the requested information is voluntary. However, if the information is not provided, SBA has the right to pursue immediate and full payment of the debt. Routine uses of this information are established in SBA's Privacy Act System of Record, SBA 21, Loan System published on April 1, 2009, at 74FR 14890, as amended on October 9, 2012 at 77 FR 61467 and on March 16, 2012 at 77 FR 15830.

**Instruction:** Forms are to be completed and signed by the obligor and then submitted to the lender. Lenders are to submit the original copy (or scanned copy of the original) to the SBA servicing center handling the account. Retain a copy for your files. The servicing centers are the National Guaranty Purchase Center located at 1145 Herndon Parkway, Herndon, VA 20170, fax: 202-481-4674, email: [SBApurchase@sba.gov](mailto:SBApurchase@sba.gov); the SBA Commercial Loan Service Center East located at 2120 Riverfront Drive, Suite 100, Little Rock, AR 72202, fax: 202-292-3878, email: [LRSC.expresspurchase@sba.gov](mailto:LRSC.expresspurchase@sba.gov); and the SBA Commercial Loan Servicing Center West located at 801 R Street, Suite 101, Fresno, CA 93721, fax: 202-481-0663, email: [FSC.purchasing@sba.gov](mailto:FSC.purchasing@sba.gov).

**PLEASE NOTE:** The estimated burden for completing this form is 1 hour per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Commitments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3<sup>rd</sup> St., S.W., Washington D. C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. OMB Approval (3245-0012). **PLEASE DO NOT SEND FORMS TO OMB.**