



Small Business Enterprise Program

Personal Financial Statement

If a question does not apply, write "N/A"

As of _____, _____

Complete this form for each proprietor(s), or limited and general partner(s) whose combined interest totals 51% or more, or stockholder(s) owning 51% or more of voting stock in the small business enterprise.

Name	Business Phone
Residence Address	Residence Phone
City, State & Zip Code	
Business Name of Applicant	

Assets	(Omit Cents)	Liabilities	(Omit Cents)
Cash on hand and in banks.....	\$ _____	Accounts Payable.....	\$ _____
Savings Accounts.....	\$ _____	Notes Payable to Banks and Others.....	\$ _____
		(Describe in Section 2)	
IRA/Other Retirement Accts.....	\$ _____	Remaining Balance (Auto Loan).....	\$ _____
Accounts & Notes Receivable.....	\$ _____	Remaining Balance Installment Acct. (Other)	\$ _____
Life Insurance-Cash Surrender Value Only.....	\$ _____	Loan on Life Insurance.....	\$ _____
(Complete Section 8)		Mortgages on Real Estate.....	\$ _____
Stocks and Bonds.....	\$ _____	(Describe in Section 4)	
(Describe in Section 3)		Unpaid Taxes.....	\$ _____
Real Estate.....	\$ _____	(Describe in Section 6)	
(Describe in Section 4)		Other Liabilities.....	\$ _____
Automobile(s) – Present Value.....	\$ _____	(Describe in Section 7)	
Other Personal Property.....	\$ _____	Total Liabilities.....	\$ _____
(Describe in Section 5)		Total Assets – Total Liabilities = NW.....	\$ _____
Other Assets.....	\$ _____		
(Describe in Section 5)			
Total Assets	\$ _____		

Section 1. Source of Income	Contingent Liabilities
Salary.....	As Endorser or Co-Maker.....
Net Investment Income.....	Claims & Judgments.....
Real Estate Income.....	Provision for Federal Income Tax....
Other Income (Describe below)*...	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 towards total income.

Section 2. Notes Payable to Banks and Others
 (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

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	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned
 (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
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.)

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, name of insurance company and beneficiaries.)

Section 9. Asset Transfers
(Describe any transfer of assets between the economically disadvantaged individual and any individual or business within the past 2 years, include Related Party Transactions.)

I authorize **Metra** 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 date(s). These statements are made for the purpose of SBE verification. 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:

Signature:

Date:

Notary Certificate: