



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	\$ _____	Name		Address	
Commissions	\$ _____			Dates of Employment	
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)			
Salary or wages	\$ _____	Name		Address	
Commissions	\$ _____			Dates of Employment	
Other (state source)	\$ _____				
Total	\$ _____				
18. OTHER DEPENDENTS: _____ NUMBER			23. FIXED MONTHLY EXPENSES: (TO NEAREST DOLLAR)		
Name		Relationship	Age	Rent or House Payment	
				\$ _____	
				Utilities	
				\$ _____	
				Food	
				\$ _____	
				Interest	
				\$ _____	
				Insurance	
				\$ _____	
				Debt Repayments:	
				Household furnishings	
				\$ _____	
				Personal Loans	
				\$ _____	
				Automobile	
				\$ _____	
				Doctors and Dentist	
				\$ _____	
				Other (Specify)	
				\$ _____	
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: _____ _____ _____				
30. LIST ALL TRANSFERS OF PROPERTY, 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS				
32. ARE YOU A TRUSTEE, EXECUTOR, OR ADMINISTRATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DETAILS				
33. ARE YOU A BENEFICIARY UNDER A PENDING, OR POSSIBLE, INHERITANCE OR TRUST, PENDING OR ESTABLISHED? <input type="checkbox"/> YES <input type="checkbox"/> 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?		
Under the provisions of 31 U.S.C. 7701, the applicant business and any guarantor of the loan are required to provide their social security numbers or other taxpayer identification numbers in order to do business with SBA. The information is used in connection with the collection and reporting of amounts owed to the Agency and facilitates credit determinations during the liquidation phase. SBA also uses the information pursuant to E.O. 9397 to help distinguish between persons with the same or similar name.				
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 would be unable to fully consider your request for a compromise and may exercise its 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 74 FR 14890, as amended on October 9, 2012, at 77 FR 61467 and on March 16, 2012, at 77 FR 15830 and, SBA 20, Disaster Loan Case File published on April 1, 2009, at 74 FR 14890. 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 3rd St., S.W., Washington, D.C. 20416.

Instruction for Non-Disaster loans: 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 1165 Herndon Parkway, Suite 135, Herndon, VA 20170, fax: 202-481-4674, email: 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; 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.

Disaster Instructions: Forms are to be completed and signed by the Borrower/Obligor and then submitted to the SBA Disaster Loan Servicing Center handling the account. Retain a copy for your files. The servicing centers are: **Birmingham Disaster Loan Servicing Center**, 2 North 20th Street, Suite 320, Birmingham, AL 35203, fax: 202-481-0292, email: birminghamdlsc@sba.gov; **El Paso Disaster Loan Servicing Center**, 1545 Hawkins Boulevard, Suite 202, El Paso, TX 79925, fax: 915-633-7123, email: ElPasoDLSC@sba.gov; **National Disaster Loan Resolution Center**, 200 West Santa Ana Boulevard, Suite 740, Santa Ana, CA 92701, fax: 714-550-1164, email: NDLRC.Packages@sba.gov.

PLEASE NOTE: The estimated burden for completing this form is 1 hour. 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, Director, Records Management Division, 409 3rd 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.**