

APPLICANT (NAME)

Address of Employer

Employer

PERSONAL FINANCIAL STATEMENT AS OF

Address of Employer

Employer

CO-APPLICANT (NAME)

PERSONAL INFORMATION

Business Phone No.	No. of Years With Employer	Title/Positi	on	Business Phone No	No. of Years With Employer	Title/Posit	Title/Position					
Home Address	•			Home Address								
Home Phone No.	Social Security No.	Date	of Birth	Home Phone No.	Social Security N	lo. Date	te of Birth					
Drivers License No.	State	Issue	Date	Drivers License No.	. State	Issue	Issue Date					
		Expir	ration Date			Expiration Date						
Balance Sheet as o	of											
	ASSETS		AMOUNT (\$)		AMOUI	NT (\$)						
Cash in this Bank			(4)	Notes Payable to thi		(+)						
(including mor	ney market accounts, C	Ds)		Secured								
Cash in Other Financi				Unsecured								
	ney market accounts, C	Ds)		Notes Payable to Ot	thers (Schedule E)							
Readily Marketable S				Secured	,							
	ole Securities (Schedule A)		Unsecured								
Accounts and Notes F		/		Accounts Payable (i								
	/alue of Life Insurance	(Schedule B)		Margin Accounts								
Residential Real Esta		,		Notes Due: Partner	Ship (Schedule D)							
Real Estate Investme				Taxes Payable								
Partnerships/PC Inter				Mortgage Debt (Schedule C)								
IRA, Keogh, Profit-Sh				Life Insurance Loans (Schedule B)								
Retirement Ac				Other Liabilities (List):								
Deferred Income												
(number of ye	ars deferred	_)										
Personal Property (inc	cluding automobiles)											
Other Assets (List):					NET WORTH							
CONTINGENT LIABI	LITIES				YES	NO	AMOUN	IT				
Are you a guarantor, o	co-maker, or endorser f	or any debt	of an individual, c	orporation, or partners	hip?	\$_						
Are you aware of any pending or outstanding civil judgments filed against you?												
Do you have any outstanding letters of credit or surety bonds, suits or legal actions against you? \$												
Are any of your tax obligations past due and/or do you have any tax liens filed against you?												
What would be your total estimated tax liability if you were to sell your major assets? \$												
If yes for any of the at	oove, give details:											
Only advis A All One		- l' t - t		(-)								
No. of Shares	curities (including portf	ono stateme	nis as altachmen	ເວ <i>ງ</i>	DIE	DGED						
(Stock) or Face Value (Bonds)	DESCRIPTION		OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	YES	NO				
READILY MARKETABLE SE	CURITIES (including U.S. Gov	ernments and M	/unicipals)*									
NON-READILY MARKETABI	LE SECURITIES (closely held,	thinly traded, or	r restricted stock)									
	2 (2:223) (10:04)	, , , , , , , , , , , , , , , , , , , ,										
* If not enough space	, attach a separate sch	edule or bro	okerage statement	and enter totals only.	1		•	•				
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Schedule B – Insurance																
Life Insurance (use additional Insurance Company	surance (use additional sheet if necessar surance Company Face Amount of Policy		Type of Policy			Beneficiary			Cash Surrende Value	-	Amount Borrowed		Ownership			
Schedule C – Personal Residence & Real Estate Investment, Mortgage Debt (majority ownership only)																
PERSONAL RESIDENCE Property Address	Legal Owner		Purchase Year Price			Market Value	Present Loan Balance		Interes Rate	st M	Loan aturity Date	urity Monthl		Lender		
INVESTMENT Property Address		Legal Owner		Purchase Year Price		Market Value	Present Loan Balance		Interes Rate	st M	,		lonthly ayment	Lender		
Schedule D – Partnership	os (less than m	ajority o	wnership	for real	estate	partnersh	nips)*				2 1-2		ı	F11		
Type of Investm	Type of Investment		e of Initial estment Cost		st	Percent C Owned		Cur	urrent Market Value		Balance Due on Partnerships: Notes, Cash Call			Final Contribution Date		
Business/Professional (Ind	Business/Professional (Indicate name):															
				<u> </u>		 										
Lucate de de ludina To	Ot - H).			<u> </u>		 										
Investments (Including Tax	Shelters).			<u> </u>						+						
		 														
* Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s.																
Schedule E – Notes Paya	ıble															
Due to	to Type of Facility		Amount of Line		Yes	ecured s No	Collat		eral	Interest ral Rate				Unpaid Balance		
Please Answer The Follo	wing Question						ı				<u> </u>		I			
Income tax returns file	ed through (date	e):								ing audit	ed or con	ntested	d? Y€	es No		
If yes, what year(s)?																
2. Have (either of) your	•	•		•				•	cy? `	Yes	No					
If yes, please provide																
Are you or your firm directly or indirectly involved in a Marijuana Related Business? Yes No If yes, please provide details:																
Danissantations and Wa																
Representations and Warranties The information continued in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may gave on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.																
Date			_		-	Your S	ignat	ure								
Date	Date							Co-Applicant's Signature (if you are requesting the financial accommodation jointly)								