

Personal Resume Form

TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THE LOAN.

Name _____
FIRST MIDDLE MAIDEN LAST

Date of birth* _____ Place of birth _____ Race* _____ Social Security No. _____

U.S. Citizen -- if not, please provide alien registration number _____

Home address _____ City _____ State _____ Zip _____

From _____ To _____ Home phone _____ Business phone _____

Immediate past address _____ City _____ State _____ Zip _____

From _____ To _____

Are you employed by the U.S. Government? _____ If so, give the name of the agency and position _____

Spouse's name _____
FIRST MIDDLE MAIDEN LAST

Date of birth _____ Place of birth _____ Race _____ Social Security No. _____

Personal information

Be sure to answer the next three questions correctly because they are important. The fact that you have an arrest or conviction record will not necessarily disqualify you; an incorrect answer will probably cause your application to be turned down.

Are you presently under indictment, on parole or probation? _____ Yes No

Have you ever been charged with or arrested for any criminal offense other than a minor vehicle violation? Include offenses which have been dismissed, discharged, or nolle prosequi. (All arrests and charges must be disclosed and explained on an attached sheet) _____ Yes No

Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation? _____ Yes No

If yes to any of the above, furnish details in a separate exhibit. List name(s) under which held.

Military service background

Branch _____ From _____ To _____

Rank at discharge _____ Honorable? _____

Job description _____

* This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary.

Work experience

List chronologically, beginning with present employment

Name of company _____ % of business owned _____

Full address _____ City _____ State _____ Zip _____

From _____ To _____ Title _____ Duties _____

Name of company _____ % of business owned _____

Full address _____ City _____ State _____ Zip _____

From _____ To _____ Title _____ Duties _____

Name of company _____ % of business owned _____

Full address _____ City _____ State _____ Zip _____

From _____ To _____ Title _____ Duties _____

Education (College or Technical Training)

Name and Location	Dates Attended	Major	Degree or Certificate
-------------------	----------------	-------	-----------------------

1. _____	_____	_____	_____
----------	-------	-------	-------

Comments _____

2. _____	_____	_____	_____
----------	-------	-------	-------

Comments _____

3. _____	_____	_____	_____
----------	-------	-------	-------

Comments _____

4. _____	_____	_____	_____
----------	-------	-------	-------

Comments _____

Personal Financial Statement

As of _____, 20 ____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name _____ Home phone _____ Business phone _____

Home address _____ City _____ State _____ Zip _____

Business name of applicant/borrower _____

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 or other retirement account	\$ _____	Installment account (Auto)	\$ _____
Accounts and notes receivable	\$ _____	Monthly payments	
Life insurance-cash surrender value only..... (Complete Section 8)	\$ _____	Installment account (Other).....	\$ _____
Stocks and bonds	\$ _____	Monthly payments	
Real estate	\$ _____	Loan on life insurance	\$ _____
(Describe in Section 4)		Mortgages on real estate.....	\$ _____
Automobile-present value	\$ _____	(Describe in Section 4)	
Other personal property	\$ _____	Unpaid taxes	\$ _____
(Describe in Section 5)		(Describe in Section 6)	
Other assets	\$ _____	Other liabilities	\$ _____
(Describe in Section 5)		(Describe in Section 7)	
Total	\$ _____	Total liabilities	\$ _____
		Net worth	\$ _____
		Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary.....	As endorser or co-maker.....
Net investment income	Legal 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 toward 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 noteholders	Original balance	Current balance	Payment amount	Frequency (monthly, etc.)	How secured or endorsed type of collateral

Section 3. Stock 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 SEPERATELY. USE ATTACHMENTS IF NECESSARY. EACH ATTACHMENT MUST BE IDENTIFIED AS A PART OF THIS STATEMENT AND SIGNED.

	Property A	Property B	Property C
Type of property			
Owner			
Property address			
Date purchased			
Original cost			
Present market value			
Mortgage holder			
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.

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 10001).

Signature _____ Date _____ Social Security Number _____

Signature _____ Date _____ Social Security Number _____