



FINANCIAL STATEMENT OF DEBTOR

Expiration Date:

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

1. NAME			2. DATE OF BIRTH (Month, Day and Year)		
3. ADDRESS (Include ZIP Code)			4. PHONE NO.	5. SOCIAL SEC. NO.	
6. OCCUPATION		SBA LOAN NUMBER		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		Dates of Employment	
Salary or wages	\$ _____	Name	Address		
Commissions	\$ _____				
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)		Dates of Employment	
Salary or wages	\$ _____	Name	Address		
Commissions	\$ _____				
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					
\$ _____					
24. ASSETS: (Fair Market Value)		(SHOW AMOUNTS TO NEAREST DOLLAR)			
Cash		LIABILITIES			
Checking accounts: (Show location)		\$ _____	Major bills owed (medical, legal, etc.)	\$ _____	
Savings Accounts: (Show location)		_____	Installment debt (car, furniture, clothing, etc.)	_____	
Cash surrender value of life insurance		_____	Taxes owed:		
Motor Vehicles:		_____	Income	_____	
Make	Year	License No.	Other: (Itemize)	_____	
_____	_____	_____			
Debts owed to you: (Name of debtor)		_____	Loans payable (to banks, finance companies, etc.)	_____	
_____		_____	Judgments you owe (Held by whom?)	_____	
Stocks, bonds and other securities:		_____			
Household furniture and goods		_____	Small Business Administration	_____	
Items Used in Trade or Business		_____	Loans on Life Insurance	_____	
Other Personal Property; (Itemize)		_____	Mortgages on Real Estate	_____	
_____		_____	Margin Payable on Securities	_____	
Real Estate: (Itemize)		_____	Other debts: (Itemize)	_____	
_____		_____			
Other Assets: (Itemize)		_____	Total Liabilities	\$ _____	
_____		_____			
TOTAL ASSETS:		\$ _____	Net Worth	\$ _____	

25. LOANS PAYABLE: Owed To	Date of Loan	Original Amount	Present Balance	Terms of Repayments	How Secured
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

26. REAL ESTATE OWNED: (Free & Address)	How Owned (Jointly, individually, etc.)	Present Market
		\$

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 \$1000 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? NO YES
 IF YES, GIVE DETAILS

34. WHEN DO YOU FEEL THAT YOU CAN START MAKING PAYMENTS ON YOUR SBA DEBT?	35. HOW MUCH DO YOU FEEL 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 3rd 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 replying 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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NOTE: USE ADDITIONAL SHEETS WHERE SPACE ON THIS FORM IS INSUFFICIENT.

Purpose: The primary purpose for collecting this information is to evaluate your ability to pay your loan debt in full or in a compromise settlement. 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 the information are established in SBA's Privacy Act System of Record, SBA 21, Loan System last published on April 1, 2009, at 74 FR 14889, 14912.

Instruction: Forms are to be submitted to the SBA loan servicing center that is handling your loan.

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. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 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, D.C. 20503. OMB Approval (3245-0012). **PLEASE DO NOT SEND FORMS TO OMB.**

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