

## U.S. Small Business Administration FINANCIAL STATEMENT OF DEBTOR

NONE" WHERE APPLICABLE TO ANY OF THE FOLLOWING ITEMS)

1. NAME	SB	BA LOAN NUMBER		2. DATE OF BIRTH (Month, Day and Year)				
3. ADDRESS (Include ZIP Code)	I				4. PHONE NO.		5. SOCIAL SEC. NO.	
6. OCCUPATION					7. HOW LONG IN PRESENT EMPLOYMENT?			
8. EMPLOYER'S NAME			ADDRESS	(Include ZIF	P Code)		PHONE NUMBER	
9. MONTHLY INCOME:		10. OTHER EM	I IPLOYERS V	WITH N	3 YEARS			
Salary or wages	\$		ame I		Address		Dates of Employment	
Commissions	\$							
Other (state source)	\$							
Total	\$							
11. NAME OF SPOUSE	SO	CIAL SEC. NO.			12. DATE OF BIRTH (Month, Day and Year)			
13. OCCUPATION					14. HOW LONG IN PRESEN	NT EMPLOY	'MENT?	
15. SPOUSE'S EMPLOYER (Name) ADE			ADDRESS	SS (Include ZIP Code)			PHONE NUMBER	
16. MONTHLY INCOME OF SPOUSE:		17. OTHER EM	IPLOYERS V	VITHIN LAS	T 3 YEARS (Of Spouse)			
Salary or wages	\$	\$ Name			Address		Dates of Employment	
Commissions	\$							
Other (state source)	\$							
Total	\$				-			
18. OTHER DEPENDENTS:N	IUMBER				23. FIXED MONTHLY EXPEN	SES: (TO NE	EAREST DOLLAR)	
				Rent or House Payment		\$		
Name Relatio		Relationship	ationship Age		Utilities		\$	
					Food		¢	
					FOOU		⊅	
					Interest		\$	
					Insurance		\$	
					Debt Repayments:			
					Household furnishings		\$	
					Personal Loans		¢	
19. TOTAL MONTHLY INCOME OF DI	EPENDENTS (Except (	Spouse) \$			Automobile		\$ \$	
20. FOR WHAT PERIOD DID YOU LAST FILE A FEDERAL INCOME TAX RETURN?				Doctors and Dentist		÷		
21. WHERE WAS TAX RETURN FILED?				Other (Specify)		⊅ \$		
22. AMOUNT OF GROSS INCOME REPORTED \$					TOTAL FIXED MONTHLY EXPENSES \$			
	24. ASSETS A	ND LIABILITIES	S (SHOW	AMOUNT	I S TO THE NEAREST DOLLAR	2)		
ASSETS: (Fair Market Value)				LIABILITIES				
			Bills owed (grocery, doctor, lawyer, etc.) \$					

## NOTE: USE ADDITIONAL SHEETS WHERE SPACE ON THIS FORM IS INSUFFICENT

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				\$			
20. REALESTATE OWNED (THE & CRAI). Address			now owned (jointy, mainidaily, etc.)		\$		
26. REAL ESTATE OWNED (Free & Clear): Address		P How Owned (Jointly, individually, etc.)		Present Market Value			
		\$	\$	\$			
		\$	\$	\$			
Owed To:	Date of Loan	Original Amount	Present Balance	Terms of Repayments	How Secured?		
Quest	Dete: (1		NS PAYABLE	T	11		
FOTAL ASSETS:		\$ CONTINGENT LIABILITIES		\$			
		\$					
		\$	Net Worth		\$		
Other Assets (Itemize)			Total Liabilities		\$		
		\$					
		\$			\$		
Real Estate (Itemize)					\$		
		\$			\$		
		\$			\$		
Other Personal Property (Itemize)					\$		
Items Used in Trade or Business		\$	Other Debts (Itemize)				
Household furniture and goods		\$	Margin Payable on Securities		\$		
		\$			\$		
		\$			\$		
itocks, bonds, and other securities:					\$		
		\$	Mortgages of Real Estate				
		\$	Loans of Life Insurance	\$			
Debts owed to you: (Name of debtor)		· ·	Small Business Admini	\$			
		\$			\$		
Make Year	License No.	\$			\$		
Motor Vehicles:			Judgments you owe (H	\$			
Cash Surrender Value of Life Insurance		\$			\$ ¢		
	6   ; C - 1	\$	Loans payable (to bank	ks, finance companies, etc.)	*		
		\$		<i>a</i>	\$		
avings Accounts: (Show location)			Other (itemize)	\$			
		\$	Income		\$		
		\$	Taxes Owed:				
Checking Accounts: (Sho	DW location)		Installment debt (car, t	urniture, clothing, etc.)	\$		

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27. REAL ESTATE BEING PURCHASED ON	Date Acquired		Balance Owed: \$					
CONTRACT OR MORTGAGE (Address)	Name of Seller or Mort	gagor	-					
	Purchase Price \$		Date Next Cash P	Payment Due				
	Present Market Value \$		Amount of Next	Cash Payment \$				
28. LIFE INSURANCE POLICIES: Company	Face Amount	Cash Surre	nder Value	Outstanding Loans				
	\$	\$		\$				
	\$	\$		\$				
	\$	\$		\$				
29. LIST ALL REAL AND PERSONAL PROPERTY OV	/NED BY SPOUSE AND DE	PENDENTS VALUED IN EX	CESS OF \$500:					
30. LIST ALL TRANSFERS OF PROPERTY, INCLUDIN ONLY TRANSFERS OF \$500 OR OVER.)	NG CASH (BY LOAN, GIFT,	SALE, ETC.), THAT YOU HA	AVE MADE WITHIN	N THE LAST THREE YEARS. (LIST				
Property Transferred	То	Whom	Date	Amount				
				\$				
				\$				
				\$				
32. ARE YOU A TRUSTEE, EXECUTOR, OR ADMINISTRATOR?								
33. ARE YOU A BENEFICIARY UNDER A PENDING, IF YES, GIVE DETAILS	OR POSSIBLE, INHERITAN	ICE OR TRUST, PENDING C	DR ESTABLISHED?					
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.								
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					
			PAC	GE 3				

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Privacy Act Statement: 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 as amended on March 16, 2012, at 77 FR 15830 and as amended on October 9, 2012 at 77 FR 61467 and Federal Register / Vol. 86, No. 82 / Friday, April 30, 2021 / Notices., SBA 20, Disaster Loan Case File published on April 1, 2009, at 74 FR 14890 and updated on November 18, 2021, Federal Register / Vol. 86, No. 2. 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, Herndon, VA 20170, fax: 202-481-4674, email: <a href="mailto:ngpcprepp@sba.gov">ngpcprepp@sba.gov</a> the SBA Commercial Loan Service Center East located at 2120 Riverfront Drive, Suite 100, Little Rock, AR 72202, fax: 202-292-3878, email: <a href="mailto:LRSC.expresspurchase@sba.gov">LRSC.expresspurchase@sba.gov</a>; and the SBA Commercial Loan Servicing Center West located at 801 R Street, Suite 101, Fresno, CA 93721, fax: 202-481-0663, email: <a href="mailto:fsc.expresspurchase@sba.gov">fsc.expresspurchase@sba.gov</a>.

<u>Disaster Instructions</u>: 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: <u>birminghamdlsc@sba.gov</u>; **El Paso Disaster Loan Servicing Center**, 1545 Hawkins Boulevard, Suite 202, El Paso, TX 79925, fax: 915-633-7123, email: <u>ElPasoDLSC@sba.gov</u>; **National Disaster Loan Resolution Center**, 200 West Santa Ana Boulevard, Suite 740, Santa Ana, CA 92701, fax: 714-550-1164, email: <u>NDLRC.Packages@sba.gov</u> and the Covid EIDL Servicing Center, 14925 Kingsport Road, Fort Worth, TX 76155, fax 202-481-5799, email : <u>CovidEIDLServicing@sba.gov</u>.

**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 3<sup>rd</sup> 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.**