

Please complete this form for each proprietor or owner of 20% or more of the business, or any guarantor of the loan.

NAME(S): _____

INCOME	MONTHLY
GROSS SALARY (Principal)	\$ _____
GROSS SALARY (Spouse)	\$ _____
RENTAL INCOME (Gross)	\$ _____
INTEREST INCOME (Recurring)	\$ _____
OTHER INCOME* (_____)	\$ _____
TOTAL INCOME	\$ _____

If the source is alimony or child support payments, that income need not be disclosed unless you desire to have it counted toward total income.

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EXPENSES	MONTHLY
MORTGAGE PAYMENT (or Rent)	\$ _____
2ND MORTGAGE	\$ _____
AUTO LOANS (including Leases)	\$ _____
INSTALLMENT LOANS	\$ _____
CREDIT CARD DEBT (5% of Balances)	\$ _____
UTILITIES/PHONE (Estimate)	\$ _____
INSURANCES (all Personal)	\$ _____
FOOD (Estimate)	\$ _____
CLOTHING (Estimate)	\$ _____
MEDICAL EXPENSES (Average)	\$ _____
INCOME TAXES (Historical)	\$ _____
PROPERTY TAXES (Historical)	\$ _____
ALIMONY (if applicable)	\$ _____
CHILD CARE (if applicable)	\$ _____
OTHER EXPENSES (_____)	\$ _____
MISCELLANEOUS (5% -10% of income)	\$ _____
TOTAL EXPENSES	\$ _____
TOTAL INCOME LESS TOTAL EXPENSES	\$ _____

Signature

Title

Date