

## **Personal Financial Statement**

## INFORMATION FOR **EACH OWNER OR GUARANTOR**

As of \_\_\_\_\_

|                        | arriage bei<br>acquired pi | long,<br>rior to | by law, to the i<br>o marriage or b | narital c<br>y gift or i | ommunity. "Sol<br>inheritance afte | e and Separate Pro     | -                | ries and debts acqui<br>nerally defined as th |             |                  |
|------------------------|----------------------------|------------------|-------------------------------------|--------------------------|------------------------------------|------------------------|------------------|---|-------------|------------------|
|                        | ment is subr               | nitted           | l <u>individually</u> as so         | le and sep               | parate debt of the                 | undersigned and does   | not contain ir   | nformation on assets, i                       | ncome, or   | creditworthiness |
| ☐ This financial state | ment is subn               | nitted           | l iointly with anot                 | ner persoi               | n listed below as o                | ther party. (Initials) | (Initi:          | als)  |             |                  |
| ☐ This financial state | ment is subn               | nitted           | I <u>individually</u> but u         | ındersigne               | ed is relying on inco              | ome from alimony, chi  |                  | separate maintenance                          | e or on the | income or        |
| assets of another per  | son listed be              | low a            | s other party as a                  | basis for i              | repayment of the c                 | credit requested.      |                  |   |             |                  |
|                        |                            |                  |                                     |                          | PERSONAL IN                        | NFORMATION             | 051150           |   |             |                  |
|                        |                            | IND              | IVIDUAL                             |                          |                                    |                        | OTHER            | PARTY (if applicat                            | ole)        |                  |
| Name:                  |                            |                  |                                     |                          |                                    | Name:                  |                  |   |             |                  |
| Physical Home Addre    | SS:                        |                  |                                     |                          |                                    | Physical Home Addr     | ress:            |   |             |                  |
| City/State/Zip:        |                            |                  |                                     |                          |                                    | City/State/Zip:        |                  |   |             |                  |
| Mailing Address:       |                            |                  |                                     |                          |                                    | Mailing Address:       |                  |   |             |                  |
| Social Security #      | Date of Bir                | th               | City of Birth                       | Mother                   | 's Maiden Name                     | Social Security #      | Date of Birt     | h City of Birth                               | Mother      | 's Maiden Name   |
| Phone                  | Cell □                     | Em               | ail Address                         |                          |                                    | Phone                  | Cell □           | Email Address                                 | 1           |                  |
|                        | Home □                     |                  |                                     |                          |                                    |                        | Home □           |   |             |                  |
| Employer:              |                            |                  |                                     |                          |                                    | Employer:              |                  |   |             |                  |
| Address:               |                            |                  |                                     |                          |                                    | Address:               |                  |   |             |                  |
| City/State/Zip:        |                            |                  |                                     |                          |                                    | City/State/Zip:        |                  |   |             |                  |
| Business Phone         | Title                      | /Posit           | ion                                 |                          | Years on Job                       | Business Phone         | Title            | Position                                      |             | Years on Job     |
|                        |                            |                  |                                     |                          |                                    |                        |                  |   |             |                  |
| PERS                   | SONAL ASS                  | SETS             |                                     | AM                       | OUNT (\$)                          | PERSO                  | ONAL LIABI       | LITIES  | AN          | 10UNT (\$)       |
| Cash                   |                            |                  |                                     |                          |                                    | Accounts Payable       |                  |   |             |                  |
| Money Market Funds     | S                          |                  |                                     |                          |                                    | Accrued Taxes          |                  |   |             |                  |
| Cash Value of Life Ins | urance (Sche               | edule            | A)                                  |                          |                                    | Credit Cards (Schedu   | ule D)           |   |             |                  |
| Accounts and Notes I   | Receivable                 |                  |                                     |                          |                                    | Installment Loans (S   | chedule E)       |   |             |                  |
| Readily Marketable S   |                            |                  |                                     |                          |                                    | Real Estate Loans (So  | chedule C)       |   |             |                  |
| Non-Readily Marketa    |                            |                  |                                     |                          |                                    | Business Loans (Sche   |                  |   |             |                  |
| Vested Retirement A    | ,                          | edule            | B)                                  |                          |                                    | Other Loans and Liab   | bilities (List): |   |             |                  |
| Personal Residence (   |                            |                  |                                     |                          |                                    |                        |                  |   |             |                  |
| Other Real Estate (Sc  |                            | سام ۲۱           |                                     |                          |                                    |                        |                  |   |             |                  |
| Related Business Inte  | erests (scried             | uie F)           |                                     |                          |                                    |                        |                  |   |             |                  |
| Personal Property      |                            |                  |                                     |                          |                                    |                        |                  |   |             |                  |
| Other Assets (List):   |                            |                  |                                     |                          |                                    |                        |                  |   |             |                  |
|                        |                            |                  |                                     |                          |                                    |                        |                  |   |             |                  |
|                        |                            |                  |                                     |                          |                                    |                        |                  |   |             |                  |
|                        |                            |                  |                                     |                          |                                    | _                      |                  |   |             |                  |
|                        |                            |                  |                                     |                          |                                    |                        |                  |   |             | <u> </u>         |
|                        |                            | T                | OTAL ASSETS                         |                          |                                    |                        |                  | TOTAL LIABILITIES                             |             |                  |
|                        |                            |                  |                                     |                          |                                    |                        |                  | NET WORTH                                     |             |                  |



## Personal Financial Statement Cont'd

| SCHEDULE A -PERSONAL IN | SURANCE POLICIES |             |            |            |              |
|-------------------------|------------------|-------------|------------|------------|--------------|
| INSURANCE COMPANY       | POLICY OWNER     | BENEFICIARY | CASH VALUE | FACE VALUE | LOAN BALANCE |
|                         |                  |             |            |            |              |
|                         |                  |             |            |            |              |
|                         |                  |             |            |            |              |
| _                       | _                | _           |            | •          |              |

| SCHEDULE B - F   | PERSONAL SECURITIES AND RETIREM | ENT ACCOUNTS |              |       |     |
|------------------|---------------------------------|--------------|--------------|-------|-----|
| SHARES           | DESCRIPTION                     | OWNERSHIP    | MARKET VALUE | PLEDO | GED |
| READILY MARKETAE | BLE SECURITIES                  |              |              | YES   | NO  |
|                  |                                 |              |              |       |     |
|                  |                                 |              |              |       |     |
|                  |                                 |              |              |       |     |
| NON-READILY MAR  | KETABLE SECURITIES              |              |              |       |     |
|                  |                                 |              |              |       |     |
|                  |                                 |              |              |       |     |
|                  |                                 |              |              |       |     |
| VESTED RETIREMEN | IT ACCOUNTS (IRA, 401-K, Keogh) |              |              |       |     |
|                  |                                 |              |              |       |     |
|                  |                                 |              |              |       |     |
| _                |                                 |              |              |       |     |
|                  |                                 |              |              |       |     |

| SCHEDULE C – PERSONAL RESIDEN | CE AND OTHE | R REAL ESTATE (Inc. | luding Loans)   |                 |                    |        |
|-------------------------------|-------------|---------------------|-----------------|-----------------|--------------------|--------|
| PERSONAL RESIDENCE            | YEAR        | URCHASE<br>PRICE    | MARKET<br>VALUE | LOAN<br>BALANCE | MONTHLY<br>PAYMENT | LENDER |
|                               |             |                     |                 |                 |                    |        |
|                               |             | NID CHACE           | MADKET          |                 |                    |        |
| OTHER REAL ESTATE             | YEAR        | URCHASE<br>PRICE    | MARKET<br>VALUE | LOAN<br>BALANCE | MONTHLY<br>PAYMENT | LENDER |
|                               |             |                     |                 |                 |                    |        |
|                               |             |                     |                 |                 |                    |        |
|                               |             |                     |                 |                 |                    |        |
|                               |             |                     |                 |                 |                    |        |

| SCHEDULE D – PERSONAL CREDIT C | CARD DEBT |         |                     |         |         |
|--------------------------------|-----------|---------|---------------------|---------|---------|
| CREDIT CARD COMPANY            | BALANCE   | PAYMENT | CREDIT CARD COMPANY | BALANCE | PAYMENT |
|                                |           |         |                     |         |         |
|                                |           |         |                     |         |         |
|                                |           |         |                     |         |         |
|                                |           |         |                     |         |         |

| SCHEDULE E – PERSONAL INSTALLI | MENT DEBT (No | on Real Estate) |                         |         |         |
|--------------------------------|---------------|-----------------|-------------------------|---------|---------|
| INSTALLMENT LOAN LENDER        | BALANCE       | PAYMENT         | INSTALLMENT LOAN LENDER | BALANCE | PAYMENT |
|                                |               |                 |                         |         |         |
|                                |               |                 |                         |         |         |
|                                |               |                 |                         |         |         |
|                                |               |                 |                         |         |         |

| SCHEDULE F - RELATED BUSINESS INTERESTS (Partnership | s, Corporations, LLC's | s)                |              |                  |           |
|--|------------------------|-------------------|--------------|------------------|-----------|
| NAME/LOCATION OF BUSINESS                            | TYPE OF ENTITY         | YEAR<br>ORGANIZED | MARKET VALUE | PERCENT<br>OWNED | NET VALUE |
|  |                        |                   |              | %                |           |
|  |                        |                   |              | %                |           |
|  |                        |                   |              | %                |           |

**NOTE:** Market value of business interests should be net of any related debts. Net value should be your ownership percentage of the market value. For interests which represent a material portion of your total assets, please include the relevant financial statements or tax returns including Schedule K-1s.



| <u>Personal Financial Statement Cont'd</u>   | ARIZO   | NAI  |
|--|---|--|
| CONTINGENT LIABILITIES   |   | AMOUNT (\$)  |
| Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?   | YES □ NO □  |  |
| Do you have any outstanding letters of credit or surety bonds?   | YES □ NO □  |  |
| Are there any suits or legal actions pending against you?  | YES □ NO □  |  |
| Do you have any past or present judgments against you?   | YES □ NO □  |  |
| Are you contingently liable on any lease or contract?  | YES □ NO □  |  |
| Are any of your tax obligations past due?  | YES □ NO □  |  |
| If yes for any of the above, give details on separate attachment and include   | with this financial statement   |  |
| OTHER  |   |  |
| Have you or any firm in which you are a major owner ever declared bankruptcy?  |   | YES □ NO □   |
| Are any assets held in a trust?  |   | YES □ NO □   |
| Do you have a retirement plan in place?  |   | YES □ NO □   |
| Do you have a line of credit or unused credit facility at any other institution(s)?  |   | YES □ NO □   |
| REPRESENTATIONS AND WARRANTIES   |   |  |
| The information contained in this statement is provided to induce Growth Partners Arizona (lender) to exten to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that lende continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifuction complete, and that the information in any attachments hereto or in other financial statements, financial kind provided to lender in connection herewith ("financial information") including, but not limited to, financial accurate, and complete. Each of the undersigned agrees to notify lender in writing of any change in name, a undersigned's capacity to perform its (or their) obligations to lender or (2) in the financial condition of any of the entity or entities whose financial information has been provided to lender in connection herewith. In the abshould be considered as a continuing statement and substantially correct. Lender is authorized to make a information contained herein and to determine the creditworthiness of the undersigned. The undersigned autinformation it may have on the undersigned. Each of the undersigned authorizes lender to answer questias any obligation or guarantee of the undersigned to lender is outstanding, the undersigned shall supply annual returns to lender. This personal financial statement and any other financial or other information that the undersigned to lender in the context of the undersigned of the undersigned to lender in the undersigned or other information that the undersigned is the undersigned to lender in the undersigned or other information that the undersigned is the undersigned to lender in the undersigned or other information that the undersigned is the undersigned in the undersigned is the undersigned to lender in the undersigned is the undersigned in the undersign | r is relying on the information provided he if exhibits, tax returns, or other final exhibits, tax returns, or other final information for a business entity of address, or employment and of any reflection in the financial sence of such notice or a new and full inquiries it deems necessary to we thorize any person or consumer reportions about it's credit experience with ally an updated financial statement and provided in the sentence of the sentence with ally an updated financial statement are | ed in deciding to grant or erein is true, correct and ancial documents of any rentities, is true, correct, naterial change (1) in the condition of any business all written statement, this erify the accuracy of the ting agency to give lender the undersigned. As long any related income tax |

| Signature (Individual)  | Date |
|-------------------------|------|
| Signature (Other Party) | Date |
|                         |      |