

PERSONAL FINANCIAL STATEMENT**U.S. SMALL BUSINESS ADMINISTRATION**

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	Business Phone
Residence Address	Residence Phone
City, State & Zip Code	
Business Name of Applicant / Borrower	

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & Banks	\$	Accounts Payable	\$
Savings Accounts	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$
IRA or Other Retirement Account	\$	Installment Account (Auto) Mo. Payment \$	\$
Accounts & Notes Receivable	\$	Installment Account (Other) Mo. Payment \$	\$
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$	Loan on Life Insurance	\$
Stock and Bonds (Describe in Section 3)	\$	Mortgages on Real Estate (Describe in Section 4)	\$
Real Estate (Describe in Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$
Automobile – Present Value	\$	Other Liabilities (Describe in Section 7)	\$
Other Personal Property (Describe in Section 5)	\$	Total Liabilities	\$
Other Assets (Describe in Section 5)	\$	Net Worth	\$
Total:	\$	Total:	\$

Section 1. Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims and 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 towards total income.

Section 2. Notes Payable to Banks and Others		(Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)			
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

SBA Form 413 (5-91) Previous Editions Obsolete Ref SOP 50-10 and 50-30

Section 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as 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 separately. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)		
	Property A	Property B	Property C
Type of Property			
Address			
Name of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month / Year			
Status of Mortgage			

Section 4. Real Estate Owned	(List each parcel separately. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)		
	Property D	Property E	Property F
Type of Property			
Address			
Name of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name & 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 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 and the 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. 1001)

Signature: _____ Date: _____
Social Security Number: _____

Signature: _____ Date: _____
Social Security Number: _____

PLEASE NOTE: The 69X estimate average burden hours for the completion of this form is 1.5 hours per response. If you have any questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Office, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503



MGB FINANCIAL SERVICES INC

18300 Gridley Road Suite "T", Artesia, CA 90701

Phone: (562) 809-2643 Fax: (562) 809-0644

Email: mgbloan@yahoo.com Web: www.HomeBuyingSelling.com

APPLICATION FOR BUSINESS LOAN

APPLICANT COMPANY

Company Name _____ Telephone: (____) _____

Fax: (____) _____ Email: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Type of Business: _____ Date Established: _____

Type of entity: Corporation Partnership Sole Proprietorship Other

Number of Employees: Existing: _____ If Loan is Approved: _____ Affiliates: _____

Have you or any officer of your company ever been:

Involved in bankruptcy or insolvency proceedings? Yes No (If yes, furnish details in a separate exhibit.)

Currently Exporting? Yes No

Planning to Export? Yes No

Exporting Information Needed? Yes No

Bank Contract: _____ Telephone: (____) _____

Accountant Name: _____ Telephone: (____) _____

Attorney Name: _____ Telephone: (____) _____

Ownership of Applicant Company – List below all officers, directors, partners, owners and co-owners, and all stockholders of record. All (100%) stock ownership must be shown. Include a resume for each person listed below and a personal financial statement if ownership is over 20%.

NAME	TITLE	% OF OWNERSHIP	ANNUAL COMPENSATION

AFFILIATES – List below all business concerns in which the applicant company or any of the individuals listed in the ownership section above have any ownership

COMPANY NAME	OWNER (APPLICANT COMPANY OR INDIVIDUALS)	% OF OWNERSHIP

PREVIOUS GOVERNMENT FINANCING – If you or any principals or affiliates have ever requested government financing (including SBA loans and government guaranteed student loans), complete the following.

NAME OF AGENCY	AMOUNT	DATE	APPROVED OR DECLINED	BALANCE	STATUS

SUMMARY OF PROJECT COST

Land and Improvements \$ _____
 Building Construction \$ _____
 Machinery & Equipment \$ _____
 Inventory \$ _____
 Working Capital \$ _____
 Other _____ \$ _____
 Refinance Existing Debt* \$ _____
Total Project Cost \$ _____
 Less Owners Equity \$ _____
 Less Seller Debt \$ _____
Total Loan Requested \$ _____

COLLATERAL VALUE

Land and Improvements \$ _____
 Machinery & Equipment \$ _____
 Furniture & Fixtures \$ _____
 Accounts Receivable \$ _____
 Inventory \$ _____
 Other _____ \$ _____
Total Collateral Value \$ _____

* Lender _____ \$ _____
 Lender _____ \$ _____
 Lender _____ \$ _____

SOURCE OF COLLATERAL VALUATIONS

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize the release to MGB Financial Services Inc, and/or any affiliates of any and all information that they may require for the purpose of a credit transaction. I/We further authorize MGB Financial Services Inc and/or any affiliates to release such information to any entity they deem necessary for any purpose related to our credit transaction with them.

I/We certify that the enclosed information (plus any attachments or exhibits) is valid and correct to the best of my/our knowledge.

Signature: _____ Date: _____
 Signature: _____ Date: _____
 Signature: _____ Date: _____
 Signature: _____ Date: _____

Please fax all the pages @562-809-0644. If you have any questions, please call Kal or Lokeesh @562-809-2643