



PERSONAL FINANCIAL STATEMENT 7(a) / 504 LOANS AND SURETY BONDS

U.S. SMALL BUSINESS ADMINISTRATION

As of: _____

SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an application for an SBA guaranteed 7(a) or 504 loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan

Return completed form to:

- For 7(a) loans:** the lender processing the application for SBA guaranty
- For 504 loans:** the Certified Development Company (CDC) processing the application for SBA guaranty
- For Surety Bonds:** the Surety Company or Agent processing the application for surety bond guarantee

Name	Business Phone
Home Address	Home Phone
City, State, & Zip Code	

Business Name of Applicant _____

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on Hand and in banks	_____	Accounts Payable.....	_____
Savings Accounts	_____	Notes Payable to Banks and Others.....	_____
IRA or Other Retirement Account	_____	(Describe in Section 2)	
(Describe in Section 5)		Installment Account (Auto)	
Accounts & Notes Receivable	_____	Mo. Payments _____	
(Describe in Section 5)		Installment Account (Other).....	
Life Insurance – Cash Surrender Value Only	_____	Mo. Payments _____	
(Describe in Section 8)		Loan(s) Against Life Insurance	_____
Stocks and Bonds.....	_____	Mortgages on Real Estate	_____
(Describe in Section 3)		(Describe in Section 4)	
Real Estate	_____	Unpaid Taxes	_____
(Describe in Section 4)		(Describe in Section 6)	
Automobiles	_____	Other Liabilities.....	_____
(Describe in Section 5 and include Year/Make/Model)		(Describe in Section 7)	
Other Personal Property	_____	Total Liabilities.....	_____
(Describe in Section 5)		Net Worth	_____
Other Assets.....	_____	Total	_____
(Describe in Section 5)		*Must equal total in assets column	
Total	_____		

Section 1. Source of Income.	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income.....	Legal Claims & 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 should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Names & Addresses of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a 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 a part of this statement and signed.)

	Property A	Property B	Property C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
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.)

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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.)

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Section 7. Other Liabilities. (Describe in detail.)

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Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

I authorize the SBA/Lender/Surety Company to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

CERTIFICATION: (to be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge. I understand that SBA or its participating Lenders or Certified Development Companies or Surety Companies will rely on this information when making decisions regarding an application for a loan or a surety bond. I further certify that I have read the attached statements required by law and executive order.

Signature _____

Date _____

Print Name _____

Social Security No. _____

Signature _____

Date _____

Print Name _____

Social Security No. _____

NOTICE TO LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALTIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally-insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

PLEASE NOTE According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.