

Sunbelt Lessors, Inc.

PERSONAL FINANCIAL STATEMENT

As of _____

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 or (4) any other person or entity providing a guaranty on the loan.

Name: _____ Spouse Name: _____

Residence Address: _____ Residence Phone: _____

City, State, & Zip Code: _____ Business Phone: _____

Fax Number: _____ E-mail address: _____

Assets	(Omit Cents)	Liabilities	(Omit Cents)
Cash on hands & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks & Others	\$ _____
IRA or Other Retirement Account	\$ _____	<i>(Describe in Section 2)</i>	\$ _____
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance – Cash Surrender Value Only	\$ _____	<i>Mo. Payments</i> \$ _____	\$ _____
<i>(Complete in Section 8)</i>	\$ _____	Installment Account (Other)	\$ _____
Stocks & Bonds	\$ _____	<i>Mo. Payments</i> \$ _____	\$ _____
<i>(Describe in Section 3)</i>	\$ _____	Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
<i>(Describe in Section 4)</i>	\$ _____	<i>(Describe in Section 4)</i>	\$ _____
Automobile – Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	<i>(Describe in Section 6)</i>	\$ _____
<i>(Describe in Section 5)</i>	\$ _____	Other Liabilities	\$ _____
Other Assets	\$ _____	<i>(Describe in Section 7)</i>	\$ _____
<i>(Describe in Section 5)</i>	\$ _____	Total Liabilites	\$ _____
	\$ _____	Net Worth	\$ _____
Total	\$ _____	Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	\$ _____
Net Investment Income	\$ _____
Real Estate Income	\$ _____
Other Income (Describe below)*	\$ _____
	As Endorser or Co-Maker
	Legal Claims & Judgements
	Provision for Federal Income Tax
	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 toward total Income.

Section 2. Notes Payable to Bank & Others.

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

Name & Address 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 Property			
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).

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 of policies – name of insurance company and beneficiaries).

I/We authorize any financial institution or other credit references to verify information or provide additional information that Sunbelt Lessors, Inc. and/or their assigns may request. I/We further specially consent to and authorize the obtaining and use of consumer credit reports now and from time to time, as needed in the credit evaluation and review process. 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 of guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General.

Signature: _____ Date: _____ SS #: _____

Signature: _____ Date: _____ SS #: _____