



Community Ventures Corporation

1450 North Broadway
Lexington, Kentucky 40505
(859) 231-0054 - Fax (859) 231-0261

Personal Financial Statement

SECTION 1 INDIVIDUAL INFORMATION (TYPE OR PRINT)		SECTION 2 OTHER PARTY INFORMATION (TYPE OR PRINT)	
Name		Name	
Address		Address	
City, State & Zip		City, State & Zip	
Position & Occupation		Position & Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State & Zip		City, State & Zip	
Length of employment		Length of employment	
Res. Phone	Bus. Phone	Res. Phone	Bus. Phone

SECTION 3 STATEMENT OF FINANCIAL CONDITIONS AS OF		20	
Assets (Do not include assets of doubtful value)	In Dollars (Omit Cents)	Liabilities	In Dollars (Omit Cents)
Cash on hand and in this bank – see Schedule A	\$	Notes Payable to Banks, Loan Companies, Finance Companies, Credit Card Companies, Stores, etc.)	
Cash in other banks, savings & loans, etc. – see Schedule A		Notes payable to banks – see Schedule F	
U.S. Gov't. & Marketable Securities – see Schedule B		Notes payable to loan companies – see Schedule F	
Real estate owned – see Schedule C		Notes payable to finance companies – see Schedule F	
Accounts, loans and other notes receivable		Notes payable to credit card companies – Schedule F	
Automobiles and other vehicles		Notes payable to stores and individuals – Schedule F	
Other personal property		Utility Bills Due	
Cash value – life insurance – see Schedule D		Unpaid income tax	
Book value of business ventures – see Schedule E		Other unpaid taxes and interest	
Other assets – itemize		Real estate mortgage payable – see Schedule C	
		Automobiles and other vehicles	
		Life insurance loans – see Schedule D	
		All Other Loans of Any Type	
		Other Liabilities - itemize	
		Total Liabilities	\$
		Total Net Worth	\$
Total Assets	\$	Total Liabilities and Net Worth	\$

SECTION 4 SOURCES OF INCOME		Annual Expenditures	Estimated Amounts	Contingent Liabilities	Estimated Amounts
For Year Ended _____ 20 ____					
Salary	\$ _____	Mortgage payments	\$ _____	Do you have...	Yes No
Bonus & Commissions		Utility payments	\$ _____	Contingent liabilities (as endorser, co-maker or guarantor)	<input type="checkbox"/> <input type="checkbox"/> \$ _____
Dividends & Interest		Real estate taxes & assessments	\$ _____	Involved in pending legal action?	<input type="checkbox"/> <input type="checkbox"/> \$ _____
Net real estate Income (before debt service)		Insurance payments	\$ _____	Other special debt or circumstances?	<input type="checkbox"/> <input type="checkbox"/> \$ _____
Other income (specify)		Other contract payments (car payments, charge cards, etc.)	\$ _____	Contested income tax liens?	<input type="checkbox"/> <input type="checkbox"/>
		Alimony, child support, etc.	\$ _____		
		Other expenses	\$ _____		
Total Income	\$ _____	Total Expenditures	\$ _____	Total Contingent liabilities	\$ _____
Income tax settled through (date) _____			Have you ever been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe on separate sheet		

(Complete schedules and sign on reverse side)



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SCHEDULE A BANKS SAVINGS & LOANS CREDIT UNIONS ETC. WHERE FUNDS ARE ON DEPOSIT

Name of Institution	Location	Type of Deposit (checking savings, etc.)	Name(s) of Owner(s)	Amount on Deposit

SCHEDULE B US GOVERNMENTS & MARKETABLE SECURITIES

Number of Shares	Description	In Name of	Market Value	Amount of Loans Against Securities

SCHEDULE C REAL ESTATE (WHOLLY OR PARTIALLY OWNED)

Address and Type of Property	Title in Name Of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payments	Mortgage Balance	Mortgage Maturity
Residence								
Residence								
Other								
Other								

SCHEDULE D LIFE INSURANCE CARRIED INCLUDING NSLI AND GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE E BUSINESS ASSETS

List Name and Address of Any Business Venture in Which You Are a Principal or Partner	Book Value As Listed in Section 3	Your % of Ownership	Your Position/Title in the Business	Total Assets of Business	Line of Business	Years In Business

SCHEDULE F NOTES PAYABLES (Banks, Loan Companies, Finance Companies, Credit Card Companies, Stores, etc.)

Name and Address of Creditor	Purpose of Loan	Original Loan/Line Amount	Date of Loan	Maturity Date	Unsecured or Secured (List Collateral)	Current Balance	Payment Schedule

I authorize CVC/SBA to make inquiries necessary to verify my/our creditworthiness and statements made above.

I certify that the statements made above and on any attachment in addition to the statements made above are complete, true, and accurately reflect my financial conditions. There are no misleading additions to or omissions in the statements made above. These statements are made for the purpose of obtaining a loan, the proceeds of which may be from an Agency of the U.S. Government. I understand false or misleading statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18USC 1001).

Signature (Individual) _____
 S. S. No. _____ Date of Birth _____

Signature (Individual) _____
 S. S. No. _____ Date of Birth _____

Date Signed _____