## CONFIDENTIAL

## PERSONAL FINANCIAL STATEMENT As of

(Both pages must be completed by <u>each applicant</u> -this form may be copied)												
	m for: (1) each proprietor, or (2 ng 20% or more voting stock, o									ral partner, or (3) each		
Name	me Business Phone ( )											
Residence Address		Residence Phone ( )										
City, State & Zip												
Business Name of	Applicant											
	ASSETS	(0	Omit Cen	ts)				LIAB	BILITIES	(Omit Cents)		
Cash on hand and	in Banks	\$			Acco	ounts Payable				\$		
Savings Accounts\$_					Notes Payable to Banks and Others\$							
IRA or Other Retirement Account			\$			(Describe in Section 1) Installment Account (Auto)\$						
Accounts and Notes Receivable						Installment Account (Other)\$						
Life Insurance - Cash Surrender Value Only						Loan on Life Insurance\$						
(Complete Section 7) Stocks and Bonds						Mortgages on Real Estate						
(Describe in Section 2)						(Describe in Section 3)						
Real Estate (Describe in Section 3) Automobile(s) - Present Value						Unpaid Taxes\$(Describe in Section 5)						
.,					Other Liabilities\$(Describe in Section 6)							
(Describe ir	perty Section 4)											
	n Section 4)	\$			Total Liabilities\$							
Total Assets		\$			Net Worth (Total Assets minus Total Liabilities)\$							
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\$					Other Special Debt							
Section 1. Notes signed	Payable to Bank and Others (L	Jse atta	chments	if neces	sary.	Each attachr	nent m	ust be ide	ntified as a par	t of this statement and		
Name and Address of Note holder(s)		Original Balance		Current Balance		Payment Amount	Frequency (monthly, etc.)		How Secured or Endorsed Type of Collateral			
Section 2. Stock	s and Bonds (Use attachments	if neces	ssary. Ea	ach atta	chmer	nt must be ide	entified	as a part	of this stateme	nt and signed.)		
Number of Shares			Cost	Market Va Quotation/Exc				ate of on/Exchange	Total Value			
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Section 3. 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 and Address of Mortgage Holder								
Mortgage Account Number								
Mortgage Balance								
Amount of Payment per Month/Year								
Status of Mortgage								
	Ind Other Assets (Describe ment, and if delinquent, des	e, and if any is pledged as security, state name scribe delinquency.)	e and address of lien holder,					
Section 5. 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 6. Other Liabilities (Describe	e in detail.)							
Section 7. Life Insurance Held (Give	face amount and cash surre	ender value of policies - name of insurance co	mpany and beneficiaries.)					
I authorize Referral Mortgage, Inc. a Colorado Company, and its Lenders, Investors, Processors and Underwriters to verify the accuracy of the statements made in order to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and correct to the best of my belief as of the stated date(s). These Statements are made for the purpose of obtaining a loan or guaranteeing a loan. I understand the Lender is authorized to retain this personal financial statement whether or not credit is approved and is further authorized to verify your credit and employment history or any other information in this statement. This application does not obligate the Lender to make any loan even if you meet the normal standards the Lender considers in determining whether to approve or deny the application.								
Printed/typed name:		Printed/typed name:	Printed/typed name:					
Signature and date:		Signature and date:						
Social Security Number:		Social Security Number:						