

Applicant Full Name: \_\_\_\_\_

Date of Statement: \_\_\_\_\_

Co-Applicant Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

ASSETS	CURRENT VALUE
Cash on Hand (checking/savings)	
401K/IRA/Profit Sharing Plan	
Notes/Accounts Receivable (Schd. 5)	
Marketable Securities (Schd. 2)	
Life Insurance (Cash value only - Schd 4)	
Homestead Owned (Schd 1)	
Other Real Estate (Schd 1)	
Automobile(s)	
Equity Value in Existing Business (Schd. 3)	
Other Personal Property	
Other Assets (Specify Separately)	
Total Assets:	

LIABILITIES	BALANCE OWED
Mortgage on Homestead (Schd. 1)	
Home Equity or Line of Credit	
Auto Loans	
Credit Cards (Balance of All)	
Other Loans (Property/Personal)	
Accounts Payable (Schd. 6)	
All Other Liabilities	
Alimony/Child Support (Balance)	
Taxes Owed	
Total Liabilities	
Net Worth (Assets Minus Liabilities)	
Total Liabilities and Net Worth	

MONTHLY INCOME	APPLICANT	CO-APPLICANT
Salary/Wages (c)		
Commissions/Bonuses		
Rental Income		
Investment Income		
Business Income		
Other Income		
Other Income		
Total Income		

MONTHLY LIABILITIES	APPLICANT	CO-APPLICANT
Mortgage or Rent (Homestead)		
Mortgage (Other Real Estate)		
Insurance/Property Taxes		
Auto Loan/Lease Payments		
Credit Card Payments		
Alimony/Child Support/Maint.		
Liens/Judgements		
Other Debt		
Total Liabilities		

c) Copies of last paycheck stub and personal Federal income tax returns are required with application.

### REAL ESTATE OWNED (SCHEDULE 1)

TYPE OF PROPERTY	ADDRESS OF PROPERTY	PURCH. DATE	ORIGINAL COST	CURRENT MKT VALUE	MORTGAGE BALANCE	MONTHLY PAYMENT

### MARKETABLE SECURITIES (SCHEDULE 2)

NAME OF SECURITY	NUMBER OF SHARES	PURCHASE COST	DATE PURCHASED	CURRENT MARKET VALUE

Applicant Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

**EQUITY IN EXISTING BUSINESS(ES) (SCHEDULE 3)**

NAME OF BUSINESS	OWNERSHIP %	DATE OWNERSHIP ACQUIRED	EQUITY VALUE OF OWNERSHIP

**LIFE INSURANCE (SCHEDULE 4)**

INSURANCE COMPANY	FACE VALUE	CASH SURRENDER VALUE	BENEFICIARY

**NOTES/ACCOUNTS RECEIVABLE (SCHEDULE 5)**

DEBTOR	DESCRIPTION OF RECEIVABLES	REPAYMENT TERMS	BALANCE DUE
		\$ per	
		\$ per	
		\$ per	

**NOTES/ACCOUNTS PAYABLE (SCHEDULE 6)**

PAYEE	DESCRIPTION OF LIABILITY	REPAYMENT TERMS	UNPAID BALANCE
		\$ per	
		\$ per	
		\$ per	

**QUESTIONS**

1. Have you ever filed for bankruptcy? Yes / No (circle one) If yes, please explain:

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2. Are you currently or have you ever been the defendant in any suits or legal actions? Yes / No (circle one) If yes, please explain:

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3. Has a tax lien ever been filed against you, your personal property, a business in which you have held ownership, or any business property in which you have held ownership? Yes / No (circle one) If yes, please explain:

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I authorize Geneva Capital and its Assigns 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 dates. These statements are made for the purpose of either obtaining commercial credit or guaranteeing commercial credit. 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).

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

<b>RETURN TO: Geneva Capital, LLC</b> 522 Broadway Street, Suite 4 • Alexandria, MN 56308 PH: 800.408.9352 • Fax: 800.284.3974 sales@gogenevacapital.com • www.gogenevacapital.com
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