

INCOME PROPERTY LENDING

A division of the All Star Group, Inc.

PERSONAL FINANCIAL STATEMENT

As of _____ (Date)

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 and each corporate officer and director, or (4) any other person or entity providing a guaranty of the loan.

Name:	Business:
Residence Address:	Residence Phone:
City, State, & Zip Code:	
Business Name of Applicant/Borrower:	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Accounts.....	\$	Notes Payable to Banks and Others.....	\$
IRA or Other Retirement Account	\$	(Describe in Section 2)	
Accounts & Notes Receivable.....	\$	Installment Account (Auto).....	\$
Life Insurance-Cash Surrender Value Only.....	\$	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$
Stocks and Bonds	\$	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$
Real Estate.....	\$	Mortgages on Real Estate	\$
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$	Unpaid Taxes.....	\$
Other Personal Property	\$	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$
Other Assets	\$	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$
Total	\$	Net Worth	\$
		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 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 and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and 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 must be identified as a part of this statement and signed.)

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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. Using attachments if necessary. Each attachment must be identified as a part of this statement and signed. <div style="display: flex; justify-content: space-between; align-items: center;"> <u>OR</u> <input type="checkbox"/> Attached Schedule of Real Estate Owned </div>					
	Property A	Property B	Property C		
Type of Property					
Title Holder					
Address of Property					
Date Purchased					
Original Cost					
Present Market Value					
Names & 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 authorize Income Property Lending/All Star Group, Inc or it's assignee 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 date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. 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).					
Signature:		Date:	Social Security Number:		
Signature:		Date:	Social Security Number:		