

PRINCIPAL INFORMATION

Name:			
Residence Address:			
City:	State:	Zip Code:	
Business Name:	Position of Occupation:		
Business Address:	Business Phone:		
City:	State:	Zip Code:	
Social Security #:	Date of Birth:	Mobile Phone:	

ADDITIONAL PRINCIPAL INFORMATION (use separate sheets if necessary)

Name:			
Residence Address:			
City:	State:	Zip Code:	
Business Name:	Position of Occupation:		
Business Address:	Business Phone:		
City:	State:	Zip Code:	
Social Security #:	Date of Birth:	Mobile Phone:	

IMPORTANT: If assets or liabilities are owned or owed jointly with co-principal or with someone other than co-principal, indicate how the asset is titled and how much you owe or own in the appropriate schedules.

Assets	Principal	Co-Principal	Joint
Cash in Institutions - Schedule A			
US Government Securities - Schedule B			
Securities Held by You - Schedule B			
Other Equity Interest - Schedule B			
Accounts and Notes Receivable			
Real Estate Owned - Schedule C			
Partnership Interest - Schedule D			
Automobiles			
Cash Value life Insurance - Schedule E			
IRAs and 401ks			
Other Vested Retirement Accounts			
Other Assets - Itemize			
TOTAL ASSETS			

Liabilities	Principal	Co-Principal	Joint
Notes Payable this Bank - Schedule A			
Notes Payable other Institutions -Schedule A			
Notes Payable to Others			
Due on Margin Accounts - Schedule B			
Credit Cards and Other Bills			

Unpaid Taxes			
Mortgage Loans - Schedule C or D			
Land Contracts - Schedule C or D			
Life Insurance Loans - Schedule E			
Other Liabilities - Itemize			
TOTAL LIABILITIES			
NET WORTH (Assets - Liabilities)			
TOTAL LIABILITIES & NET WORTH			

Sources of Income (Annual)	Principal	Co-Principal	Joint
Salary			
Bonus and Commissions			
Dividend/Interest			
Real Estate Income			
Other Income* – Itemize			
TOTAL INCOME			

*Alimony, Child Support or Separate Maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, please indicate if payments received under Court Order, A32 Written Agreement, or Oral Understanding.

CONTINGENT LIABILITIES	ESTIMATED AMOUNT
Do you have any contingent liabilities (as endorser, co-maker, guarantor on leases, or contracts?) If yes, fill in amount:	
Pending legal claim? If yes, fill in amount:	
Outstanding letters of credit or other special debit circumstances? If yes, fill in amount:	
Income Tax Liens? If yes, fill in amount:	
If yes to any question(s), please describe:	

SCHEDULES A – E (USE ADDITIONAL SCHEDULES IF NECESSARY)

Schedule A: Banks, Brokers, Savings and Loans Association, Finance Companies or Credit Unions

List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans or lines of credit.
We will need proof (via current account/bank statement) of liquidity.

Name of Institution	Current Balance	Maximum Credit	
Monthly Payment	Secured by What Assets	Maturity Dates	Outstanding Debt

Schedule B: US Government, Marketable and Non-Marketable Securities

Number of Shares Face Value (Bonds)	Deposit Account Balance	High Credit	Amount Owning
Market Value	Are they Pledged?		
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

Schedule C: Real Estate Owned (Please complete the enclosed schedule.)

Schedule D: Partnership Interest

Description of Property or Address	Title in Name of	Date Acquired	% Owned

Present Market Value	Mortgage of Land Contract Payable		
	Balance Owing	Monthly Payment Holder	Holder

Schedule E: Life Insurance Carried, Including Group Insurance

Name of Insurance Company	Owner Policy	Beneficiary	Face Amount

Cash Surrender Value	Policy Loans

I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; (if "NONE" so stated):

I/we hereby authorize Lender or any credit bureau or other investigative agency employed by it to investigate any information listed herein, or obtained from me or from any other person pertaining to my financial responsibility. Intending that you shall rely on my statement herein, I hereby certify to you that the foregoing information is true and complete.

To the best of my knowledge and belief. The attached Financial Statements dated _____ is a complete, true and accurate statement. If an audited financial statement is available, it has been provided.
 The financial statement(s) provided corresponds with Borrower's tax returns.
 The verification of liquidity (cash, securities, etc.) is attached and corresponds to amounts stated on the financial statement.

I hereby certify that the above statements and additional information are true and correct.

 Signature of Principal/Borrower/Guarantor

 Principal Name

 Title

 Date

 Signature of Co-Principal/Co-Borrower/Co-Guarantor

 Additional Principal Name

 Title

 Date

Schedule C: Real Estate Owned

This is prepared for:

(If schedule is already prepared, you may disregard this form and attach your own.)

Please complete or attach this form for each: (i) General Partner, Managing Member and/or Guarantor, (ii) anyone who controls the General Partner, Managing Member and/or Guarantor, (iii) anyone who controls either individually or through trusts or affiliated entities with more than 50% interest in the entity.

Please attach extra sheets if necessary.

Real Estate Owned and Included in Proposed Financing

Total Property Market Value	Ownership %	Total Market Value of Ownership %	Total Loan Balance	Total Monthly Debt Payment

Real Estate Owned and Not Included in Proposed Financing

Total Property Market Value	Ownership %	Total Market Value of Ownership %	Total Loan Balance	Total Monthly Debt Payment

If not included in the Personal Financial Statement, please attach a list of all other Contingent Liabilities for the above named entity or person. Please provide a listing of all Multifamily properties in which the undersigned owns or has owned either the property or a significant interest in the borrower and for which the mortgage or other security instrument on the property was purchased by Fannie Mae.

I hereby certify that the above statements and additional information are true and correct.

By:

Name

Title

Date