

Personal Financial Statement

	Statement	of Financial	Condition As of	
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Applicants First Name:	Applicants Las	: Name:
Home Address:		
City:	State:	Zip:
Business Phone:	Cell Phone:	Email:
Driver's License #:	State Issued:	SS#:

ASSETS AMOUN	IT(S) LIABILITIES & NET WORTH AMOUNT(S)
Cash in Bank	Notes Payable to Bank
(including money market accounts, CDs)	
	Secured
Cash in Other Financial Institutions	Unsecured
(including money market accounts, CDs)	Notes Payable to Others (Schedule F)
	Secured
	Unsecured
	Credit Cards & Accounts Payable
	Margin Accounts
Readily Marketable Securities (Schedule A)	Notes Due to Privately Owned Businesses
Non-Readily Marketable Securities (Schedule A)	Taxes Payable
Ownership in Privately Owned Business	Personal Residential Mortgages (Schedule D)
(Schedule B)	
Notes Receivable from Business	Investment Real Estate Debt (Schedule E)
Notes Receivable from Others	Life Insurance Loans (Schedule C)
Net Cash Surrender Value of Life Insurance	Other Liabilities (List):
(Schedule C)	
Real Estate for Personal Use (Schedule D)	
Real Estate Investments (Schedule E)	
Retirement Accounts (IRA, Keogh, Profit	
Sharing & Other)	
Automobile	
	Total Liabilities:
Other Assets (List):	
	Net Worth (Total Assets minus Total
	Liabilities)
Total Assets	Total Liabilities & Net Worth



SOURCES OF INCOME	CONTINGENT LIABILITIES			
Salary	As Guarantor, Endorser, or Co-maker			
Bonus & Commissions	On Leases or Contracts			
Interest & Dividends	Legal Claims			
Real Estate Income	Provisions for Federal Income Taxes			
You need not disclose alimony, child support or separate maintenance income unless you wish the Bank to consider them in a credit decision.	Other Special Debt			
Other Income (please itemize)				
Total Income	Total Contingent Liabilities			

PERSONAL INFORMATION			
Business or Employer:			
Date of Birth:			
Partner or officer in any other venture ?			
Do you have a will?			
If so, name of the executor:			

SCHEDULE OF ASSETS PLEDGED							
Description	Value	To Whom Pledged					

SCHEDULE A – ALL SECURITIES INCLUDING NON-MONEY MARKET MUTUAL FUNDS (use additional sheet if necessary)									
NO. OF SHARES OF	DESCRIPTION	OWNER(S)	WHERE HELD	CURRENT	PLED	GED			
BOND FACE VALUE				MARKET VALUE	YES	NO			

READILY MARKETABLE SECURITIES (Including Stocks, Bonds, Mutual Funds, US Governments, and Municipals)

NON-READILY MARKETABLE SECURITIES (Thinly traded or restricted stock)



SCHEDULE B — OWNERSHIP IN PRIVATELY HELD BUSINESSES (Use additional sheet if necessary)									
BUSINESS NAME	NATURE OF	DATE OF	ORIGINAL	% OF	PRESENT VALUE OF				
	BUSINESS	INVESTMENT	INVESTMENT	OWNERSHIP	YOUR INVESTMENT				
			COST						

SCHEDULE C - LIFE INSURANCE ((Use additional sheet if necessary)									
INSURNCE	FACE	TYPE OF	BENEFICIARY	CASH	POLICY	OWNERSHIP	PLED	GED	
COMPANY	AMOUNT	POLICY		SURRENDER	LOANS		YES	NO	
	OF POLICY			VALUE					

SCHEDULE D - REAL ESTATE FOR PERSONAL USE (Use additional sheet if necessary)									
PROPERTY	LEGAL	PURC	HASE	MARKET	PRESENT	INTEREST	MATURITY	MONTHLY	LENDER
ADDRESS	OWNER	YEAR	PRICE	VALUE	LOAN	RATE	DATE	PAYMENT	
					BALANCE				

SCHEDULE E - REAL ESTATE INVESTMENTS (MAJORITY OWNDERSHIP ONLY) (Use additional sheet if necessary)									
PROPERTY	LEGAL	PURC	HASE	MARKET	PRESENT	INTEREST	MATURITY	MONTHLY	LENDER
ADDRESS	OWNER	YEAR	PRICE	VALUE	LOAN	RATE	DATE	PAYMENT	
					BALANCE				

SCHEDULE F – NOTES PAYABLE									
TYPE	ORIGINAL	PRESENT	SECU	IRED	COLLATERAL	INTEREST	MATURITY	MONTHLY	LENDER
	AMOUNT	LOAN	YES	NO		RATE	DATE	PAYMENT	
		BALANCE							



SCHEDULE G – BANK ACCOUNTS (ANY ACCOUNTS WHERE YOU ARE A SIGNOR) (Use additional sheet if necessary)								
BANK NAME	ACCOUNT HOLDER NAME	CHECKING	SAVINGS	ACCOUNT #				

REPRESENTATIONS AND WARRANTIES

The information contained in this statement is provided to induce Tower Fund Capital LLC to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that the Tower Fund Capital LLC is relying on the information provided herein in deciding to grant or to continue to grantcredit or to accept a guarantee thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. Each of the undersigned agrees to notify the Tower Fund Capital LLC immediately and in writing of any change in name, address or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform their obligations to the Tower Fund Capital LLC. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify the Tower Fund Capital LLC as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, the Tower Fund Capital LLC may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. Tower Fund Capital LLC is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Each of the undersigned authorizes Tower Fund Capital LLC to answer questions about the Tower Fund Capital LLC's credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to Tower Fund Capital LLC is outstanding, the undersigned shall supply annually an updated personal financial statement. This personal financial statement and any other financial or other information that the undersigned gives Bank shall become the property of the Tower Fund Capital LLC.

The undersign	gned authorize any person or consumer re	eporting	agency to give To	wer Fund Capital LLC a o	copy of the undersigned's		
credit report and any other financing information it may have on the undersigned and to prepare at Tower Fund Capital LLC's							
request, a consumer investigative report.							
Signature:		Date:		Social Security Number:			
Signature:		Date:		Social Security Number:			