

COLLECTION INFORMATION STATEMENT FOR INDIVIDUALS

(If you need additional space, please attach a separate sheet)

| | | | | | |
|--|---|----------------------------|-------------------------------------|--|----------------------|
| 1. Borrower's name and address (including country) | | 2. Home phone number | | 3. Marital status | |
| | | 4. Social Security Numbers | | a. Borrower | |
| | | | | b. Spouse | |
| EMPLOYMENT INFORMATION | | | | | |
| 5. Borrower's employer or business (name & address) | | 6. Business phone number | | 7. Occupation | |
| | | 8. Paydays | | 9. (Check appropriate box) <input type="checkbox"/> Wage earner <input type="checkbox"/> Partner <input type="checkbox"/> Sole proprietor | |
| 10. Spouse's employer or business (name & address) | | 11. Business phone number | | 12. Occupation | |
| | | 13. Paydays | | 14. (Check appropriate box) <input type="checkbox"/> Wage earner <input type="checkbox"/> Partner <input type="checkbox"/> Sole proprietor | |
| PERSONAL INFORMATION | | | | | |
| 15. Name, address and telephone number of next of kin or other reference | | | | | |
| 16. Age and relationship of dependents (exclude husband and wife) living in your household | | | | 17. Number of exemptions claimed on Form W-4 | |
| | | | | | |
| 18. Date of birth | | a. Borrower | | b. Spouse | |
| | | | | | |
| GENERAL FINANCIAL INFORMATION | | | | | |
| 19. Latest filed income tax return (tax year) | | | 20. Adjusted gross income on return | | |
| | | | | | |
| 21. Bank accounts (include Savings & Loans, Credit Unions, IRA and KEOGH accounts, Certificates of Deposits, etc.) | | | | | |
| Name of Institution | Address | Type of Account | Account No. | Balance | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | Total (Enter in item 28) | |
| 22. Bank charge cards, Lines of credit, etc. | | | | | |
| Type of Account or Card | Name and Address of Financial Institution | Monthly Payment | Credit Limit | Amount Owed | Credit Available |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals (Enter in item 34) | | | | | |
| 23. Safe deposit boxes rented or accessed (list all locations, box number, and contents) | | | | | |
| | | | | | |
| 24. Real Property (Brief description and type of ownership) | | | Address (Include County and State) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 25. Life Insurance (Name of company) | | Policy Number | Type | Face Amount | Available Loan Value |
| a. | | | | | |
| b. | | | | | |

| ASSET AND LIABILITY ANALYSIS | | | | | | | |
|--|-----------------|----------------------|---|------------------|--|--------------|--------------------|
| Description | Cur. Mkt. Value | Liabilities Bal. Due | Equity in Asset | Amt. Of Mo. Pmt. | Name & addr of Lien /note holder/Obligee | Date Pledged | Date of Final Pmt. |
| 27. Cash | | | | | | | |
| 28. Bank accounts | | | | | | | |
| 29. Stocks, bonds, Investments | | | | | | | |
| 30. Cash or Loan Value of Insur. | | | | | | | |
| 31. Vehicles (model, yr, license) | | | | | | | |
| a. | | | | | | | |
| b. | | | | | | | |
| c. | | | | | | | |
| 32. Real Property | | | | | | | |
| a. | | | | | | | |
| b. | | | | | | | |
| c. | | | | | | | |
| 33. Other Assets | | | | | | | |
| a. | | | | | | | |
| b. | | | | | | | |
| c. | | | | | | | |
| d. | | | | | | | |
| 34. Bank revolving credit | | | | | | | |
| 35. Other Liabilities (Include: child support, judgments, notes, and other charge accounts) | | | | | | | |
| a. | | | | | | | |
| b. | | | | | | | |
| c. | | | | | | | |
| d. | | | | | | | |
| 36. Other student loans owed | | | | | | | |
| 37. Federal taxes owed | | | | | | | |
| 38. Totals | | | | | | | |
| MONTHLY INCOME AND EXPENSE ANALYSIS | | | | | | | |
| Income Source | Gross | Net | Necessary Living Expenses | | | | |
| 39. Wages/Salaries (Taxpayer) | | | 47. Rent | | | | |
| 40. Wages/Salaries (Spouse) | | | 48. Groceries | | | | |
| 41. Interest-Dividends | | | 49. Allowable installment payments | | | | |
| 42. Net business income | | | 50. Utilities | | | | |
| 43. Rental Income | | | 51. Transportation | | | | |
| 44. Pension (Taxpayer) | | | 52. Insurance | | | | |
| 45. Pension (Spouse) | | | 53. Medical | | | | |
| 46. Total | | | 54. Estimated tax payments | | | | |
| | | | 55. Other expenses (specify) | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | 56. Total | | | | |
| | | | 57. Net difference (income less necessary expenses) | | | | |
| CERTIFICATION | | | | | | | |
| Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete. | | | | | | | |
| 58. Your Signature | | | 59. Spouse's signature (if joint return was filed) | | | 60. Date | |