

MINORITY CAPITAL FUND OF MS, INC.
Personal Financial Statement

Complete this form: (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 on the loan.

Name: _____ Business Phone () _____

Residence Address: _____ Residence Phone () _____

City, State, Zip Code: _____

Business Name of Applicant/Borrower: _____

ASSETS		LIABILITIES	
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Account	\$ _____	Notes Payable to Banks & Others	\$ _____
IRA or other Retirement Accounts	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance Cash Surrender Value Only	\$ _____	Monthly Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Monthly 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 5)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
		Net Worth	\$ _____
Total	\$ _____	Total	\$ _____
Section 1. Source of Income		Contingent Liabilities	
Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claim & Judgements	\$ _____
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 payment counted toward total income.			

Section 2. Notes payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Name & Address of Note Holder(s)	Original Balance	Current Balance	Payment Amount	Frequency Monthly, Etc.	How secured or endorsed Type of Collateral

Section 3. Stocks and Bonds

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. Use attachments if necessary. Each attachment must be identified as part of this statement and signed).

	Property A	Property B	Property C
Type of Property			
Name and address of Title Holder			
Date Purchased			
Original Cost			
Present Market Value			
Name & 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, tax lien is attached).

Section 7. Other Liabilities. (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cast surrender value of policies - name of insurance company and beneficiaries).

I authorize MinCap to make inquiries as necessary to verify the accuracy of the statements made and to determine my credit worthiness. I certify that the above statements contained in the attachment 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 (Rel.18U.S.C. 1001).

SIGNATURE _____ DATE _____ SSN _____

SIGNATURE _____ DATE _____ SSN _____