

# SMALL LOAN

## MAIN OFFICE APPLICATION

### Ohio Small Loan Act

Ohio Revised Code Sections 1321.01 to 1321.21; 1321.99  
Ohio Administrative Code 1301:8-2



**Mail the completed application, accompanying materials, and any filing fee to:**

**Department of Commerce  
Division of Financial Institutions  
77 South High Street, 21<sup>st</sup> Floor  
Columbus, Ohio 43215-6120  
Telephone: (614) 728-8400  
<http://www.com.state.oh.us/dfi/>**

**WARNING: It is a crime to knowingly provide a false statement to a government official or public agency.  
Revised Code 2921.13.**

*"An Equal Opportunity Employer and Service Provider"*

**For DFI Use Only**

Issue Date \_\_\_\_\_

File ID \_\_\_\_\_

# SMALL LOAN MAIN OFFICE APPLICATION

Ohio Revised Code Sections 1321.01 to 1321.21; 1321.99  
Ohio Administrative Code 1301:8-2

*Print or Type in Blue or Black Ink*  
**Do Not Use** For Branch Office or Relocation.

1. Name of Applicant \_\_\_\_\_  
*(If not a corporation, give the name under which business will be conducted)*

2. Federal Tax ID Number \_\_\_\_\_

3. DBA, fictitious or trade name, if applicable \_\_\_\_\_  
Submit a copy of the trade name or fictitious name certificate issued by the Ohio Secretary of State.

4. Address of business to be licensed \_\_\_\_\_  
*(Give building name, if any, and street address)*

City or Township \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_  
*(Physical location)*

Telephone No. ( \_\_\_\_\_ ) \_\_\_\_\_

Website Address: http:// \_\_\_\_\_ Is the Website interactive? \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_ Is the Website transactional? \_\_\_\_\_

(a) Is the address to be licensed zoned for this type of business? Yes  No  If not, a license can not be issued.

5. Mailing Address, if different from above \_\_\_\_\_  
Phone Number, if different from above \_\_\_\_\_

6. Name of parent company, if any \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_

7. Type of legal entity:  
 Individual  Corporation  Partnership  Limited Liability Company  Other

8. The following documentation must be submitted with this application. If applicant is a:

**PARTNERSHIP**

- 1) List on a separate sheet(s) of paper, the names, official titles, residential addresses, and social security number or federal tax IDs of each senior officer and each partner indicating their percent of ownership. Mark this attachment "SCHEDULE B."
- 2) Include a copy of the recorded Partnership Agreement and a current Letter of Good Standing issued by the Ohio Secretary of State.

**For DFI Use Only**

Fee: \$325 if license is issued from 1/1 to 6/30  
\$450 if license is issued from 7/1 to 12/31

Check No. \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Rec. By \_\_\_\_\_

TC: 70-SL Pay-In # \_\_\_\_\_ Deposit Date \_\_\_\_\_ RS: 2341-01

TC: 80-SL Pay-In # \_\_\_\_\_ Deposit Date \_\_\_\_\_ RS: 2341-01



11. Each applicant shall submit a Financial Statement on the form provided by the Division of Financial Institutions or an Audited Financial Statement. Either Financial Statement shall accompany the application and be made a part thereof. Section 1321.04(B) of the Ohio Revised Code requires each applicant to have available for the operation of such business cash or moneys deposited in a readily accessible fund or account of not less than twenty five thousand dollars (\$25,000). This financial statement **must** be in the exact business name and entity as indicated in application questions 1 and 2. All assets must consist and belong only to this entity; i.e., if a sole proprietor is indicated, it may **not** include a spouse's assets or any jointly owned assets.

12. Will any other type of business be operated from this proposed location? Yes  No

(If answer is yes, attach separate sheet, marked "**Schedule 12,**" explaining what type of other business will be conducted).

13. Is applicant, or any other corporation, association, or partnership with which applicant is associated or affiliated, the holder of a small loan license, broker license, a first or second mortgage lending license, or have the authority to conduct these or similar types of business in this state or any other state? Yes  No

(If answer is yes, attach separate sheet, marked "**Schedule 13,**" giving the name(s) of the license holder(s), indicate state(s) in which licensed, and submit copies of these licenses (or letters of approval or authorization issued by the other states.)

14. Has the applicant ever had any type of approval or application to conduct business (such as a license or certificate of authority) denied, revoked, suspended, or refused to be renewed or has it ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes  No

(If answer is yes, attach a separate sheet, marked "**Schedule 14,**" giving complete details.)

15. Has the applicant under any other name, or has any corporation, association, or partnership with which applicant is, or was, associated or affiliated, ever had any type of approval or application to conduct business (such as a license or certificate of registration) denied, revoked, suspended, or refused to be renewed or has they ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes  No

(If answer is yes, attach a separate sheet, marked "**Schedule 15,**" giving complete details.)

16. Has applicant, or have any partners, members, corporate officers or directors of applicant, ever been arrested for, charged with or convicted of any violation of any federal, state or local civil or criminal statute? Yes  No

(DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS)

(If answer is yes, attach a separate sheet, marked "**Schedule 16,**" giving a detailed explanation of the facts and circumstances which gave rise to each charge and for: (i) any conviction provide a certified copy of the journal entry evidencing the disposition of each charge; (ii) any guilty plea provide a certified copy of the plea agreement; and (iii) any pending criminal charges provide a certified copy of the indictment or criminal complaint.)

17. Submit one (1) sample loan for each type of loan which you are going to make on your proposed promissory note, disclosure agreements and T.I.L. statement that are in compliance with the Ohio Small Loan Act. Also submit corresponding payment histories. Vary the interest rates, dollar amounts and terms. Payment history screens, ledger cards, printouts, etc. must include all items required by Regulation 1301:8-2-04(B)(2).

18. Indicate your statutory agent in this state upon whom may be served all judicial and other process or legal notices directed to the applicant:

\_\_\_\_\_  
(Name)(Address)

\_\_\_\_\_  
(City) (State) (Zip) (Phone)

19. Name of the proposed office manager \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Residence Address) (City, State, Zip Code) (Phone)

Attach separate sheet, marked "**Schedule 19,**" detailing manager's related business experience and if the manager is knowledgeable regarding the Ohio Small Loan Act (Ohio Revised Code Sections 1321.01-1321.20).

20. Indicate the days and business hours of the proposed office. \_\_\_\_\_

21. Are any applications for any other licenses or certificates of registrations now pending with this Division?

Yes  No  If yes, identify on separate sheet, marked "**Schedule 21.**"

22. Show the full business name as it will appear on the outside sign of the proposed office.

23. Verify that the response indicated in application question #3 is correct regarding the city, village or township, and is not just the mailing address.

The proposed office will be located in what municipal corporation. (Pursuant to U.S. Post Office or the local Engineer's Office.)

\_\_\_\_\_  
(City, Village, or Township)

24. Will all of the records, files, payments, etc. pertaining to this application made pursuant to Sections 1321.01-1321.20 of the Ohio Revised Code, including litigation and repossession files, be maintained at this location? Yes  No

If no, indicate the licensed location where the records will be kept.

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Zip Code)

25. Indicate the location where all business advertising copies, scripts, videos, etc. will be maintained.

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Zip Code)

26. Indicate the type and name of the computer system to be used in this business. If a manual recordkeeping system is used, indicate such. (Attach a separate sheet, marked "**Schedule 26,**" giving details.)

27. Indicate immediate area operations supervisor \_\_\_\_\_

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Business address)

\_\_\_\_\_  
(Phone)

28. Please list the 800 telephone number, if any, for the corporate headquarters \_\_\_\_\_

29. Indicate the name(s) and phone number(s) of the person(s) to contact regarding this application.

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**For DFI Office Use Only**

Date application approved \_\_\_\_\_ By \_\_\_\_\_, Superintendent

*"An Equal Opportunity Employer and Service Provider"*

## SMALL LOAN APPLICANT ATTESTATION

Under penalties of perjury, I, the undersigned, do hereby acknowledge and attest that this SMALL LOAN APPLICATION and ALL attachments have been prepared by me and that these documents constitute a complete, truthful, and correct statement of all information requested by the Ohio Division of Financial Institutions. I understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of any license/registration application pending with the Ohio Division of Financial institutions or revocation of any license/registration granted by the Division of Financial Institutions, and could result in other legal action initiated against me, including but not limited to criminal prosecution.

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Printed Name

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Title

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Signature

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Date

## COMPANY RESOLUTION

(To be adopted by all companies for the purpose of demonstrating that the person signing documents and forms filed with, or submitted to, the Division of Financial Institutions, Consumer Finance Section, has the company's authority to sign on behalf of the company. **NOTE: Unincorporated sole proprietors do not need to submit a company resolution.**)

\_\_\_\_\_  
(Name of Company)

AT A MEETING OF ITS \_\_\_\_\_ HELD AT \_\_\_\_\_  
(members, partners, managers, trustees or board of directors)  
ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_, PURSUANT TO LAWFUL NOTICE OR

WAIVER THEREOF, and at which meeting a quorum for the transaction of business was present, the following was duly adopted:

“**BE IT RESOLVED**, that \_\_\_\_\_  
(Name of Individual and Company Title)

or \_\_\_\_\_  
(Name of Individual and Company Title)

Of \_\_\_\_\_  
(Name of Company)

Be authorized and directed by the Company's members, partners, managers, trustees or board of directors, to execute and submit filings and forms for, and all acts amendatory thereof and supplemental thereto, the Company, to the Division of Financial Institutions.”

## CERTIFICATION

The undersigned hereby certifies that he/she is the \_\_\_\_\_ Secretary of \_\_\_\_\_, a company organized and existing under the laws of the State of \_\_\_\_\_; that the foregoing is a true and correct copy of a resolution duly adopted at a meeting of the members, partners, managers, trustees or board of directors of the company held on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_, at which meeting a quorum was at all times present and acting; that the passage of said resolution was in all respects legal; and, that said resolution is in full force and effect.

By \_\_\_\_\_  
(Company Secretary – Signature)

Date \_\_\_\_\_

Company Seal

**CONSUMER FINANCE SCHEDULE A**  
**(NOT to be used in conjunction with MORTGAGE BROKER FILINGS)**  
**Disclosure Form**

**Filing Instructions:**

For purposes of filings associated with **check cashers, check casher lenders, credit service organizations, pawnbrokers, precious metals dealers, premium finance companies, second mortgage lenders, & small loans companies**, the following natural persons must each submit a separate **Consumer Finance Schedule A**:

- Corporation**, each senior officer, and anyone who owns 5% or more of the business
- Partnership**, every partner and each senior officer
- L.L.C.**, each member and each senior officer
- Sole Proprietor**, the owner

**Separate exhibits should be attached when space provided is not sufficient. Omissions will be construed as an intentional failure to disclose a material fact and will be sufficient grounds for denial.**

\_\_\_\_\_  
(Name of **Applicant Company**)

1. Name \_\_\_\_\_  
(Full name and any and all alias, AKA and FKA of **person completing this form**)
  - (a) Social Security Number \_\_\_\_\_
  - (b) Date of Birth \_\_\_\_\_
2. Your Title: senior officer, partner, member, sole proprietor, or person holding 5% or more interest in applicant \_\_\_\_\_  
\_\_\_\_\_
3. Residence address for the last ten years. (Use Addendum – Residence History if needed)  
From \_\_\_\_ To \_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
From \_\_\_\_ To \_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. Employment and ownership record for the last ten years. Include all companies that the person completing this form has or had an interest in as an officer, manager, partner, member, voting stockholder, or 5% or more ownership interest. All periods of time for the last ten years must be accounted for—including periods of unemployment. (Use Addendum – Employment History if needed)  
From \_\_\_\_ To \_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_  
From \_\_\_\_ To \_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_
5. Have you ever been discharged or requested to resign from any position? Yes  No

If yes, furnish details:  
\_\_\_\_\_

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6(a). Have you ever had any type of approval or application to conduct business (such as a license or certificate of authority) denied, revoked, suspended, or refused to be renewed or have you ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction?

Yes  No

6(b). Have you ever been an officer, or more than 5% owner or director of any organization which has had a license, certificate, application, approval to conduct business, or any other type of authority, denied, revoked, suspended or refused to be renewed or has been fined by any state or federal regulatory agency or court in relation to any claim of misconduct in a business transaction?

Yes  No

If you answered yes to either question 6(a) or 6(b), furnish details. Include dates, nature of offense(s), court, and disposition:

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7(a). Have you ever been arrested for, charged with, convicted of, or pleaded guilty to, any criminal offense involving theft, receiving stolen property, embezzlement, forgery, fraud, passing bad checks, money laundering, or drug trafficking, or any criminal offense involving money or securities?

Yes  No

7(b). Have you ever been directly or indirectly connected with any organization which has been convicted of any criminal offense? Include MISDEMEANOR and FELONY offenses from ANY state or the federal government. NOTE: DUIs and DWIs are criminal offenses.

Yes  No

If you answered yes to either question 7(a) or 7(b), submit a detailed explanation of the facts and circumstances which gave rise to each incident and for: (i) **any conviction** provide a certified copy of the journal entry evidencing the disposition of each charge; (ii) **any guilty plea** provide a certified copy of the plea agreement; and (iii) **any pending criminal charges** provide a certified copy of the indictment or criminal complaint.

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8(a). Have you ever been subject to any adverse judgment for conversion, embezzlement, misappropriation of funds, fraud, misfeasance or malfeasance, or breach of fiduciary duty?

Yes  No

8(b). Have you ever been directly or indirectly connected with any organization which has been subject to any adverse judgment for conversion, embezzlement, misappropriation of funds, fraud, misfeasance or malfeasance, or breach of fiduciary duty?

Yes  No

**If you answered yes to either question 8(a) or 8(b), furnish details. Include dates, nature of offense(s), court, and disposition:**

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9(a). Have you ever filed for bankruptcy, been insolvent, or filed for protection from creditors? Yes  No

9(b). Have you ever been directly or indirectly connected with any organization which has ever filed for bankruptcy, been insolvent, or filed for protection from its creditors? Yes  No

If you answered yes to either question 9(a) or 9(b), please furnish details, including dates, nature of offense(s), court, disposition, and include a copy of the disposition or discharge from the court:

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## ATTESTATION

Under penalties of perjury, I, the undersigned, do hereby acknowledge and attest that this CONSUMER FINANCE SCHEDULE A and all attachments have been prepared by me and that these documents constitute a complete, truthful, and correct statement of all information requested by the Ohio Division of Financial Institutions. I understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of any license/registration application pending with the Ohio Division of Financial institutions or revocation of any license/registration granted by the Division of Financial Institutions, and could result in other legal action initiated against me, including but not limited to criminal prosecution.

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Signature

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Date

---

Printed Name

**WARNING: It is a crime to knowingly provide a false statement to a government official or public agency. R.C. 2921.13.**

*"An Equal Opportunity Employer and Service Provider"*

# CONSUMER FINANCE SCHEDULE A

## ADDENDUM

### Residential History

Please be sure to include both the month and year - "From Mo/Yr To Mo/Yr"

From \_\_\_\_ To \_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_ To \_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ATTACH ADDITIONAL SHEETS, IF NECESSARY

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Revised Code 2921.13**

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# CONSUMER FINANCE SCHEDULE A

## ADDENDUM

### Employment History

Please be sure to include both the month and year - "From Mo/Yr To Mo/Yr"

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Employer \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position \_\_\_\_\_ Duties \_\_\_\_\_

ATTACH ADDITIONAL SHEETS, IF NECESSARY

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# **Ohio Division of Financial Institutions**

## **Background Check/Fingerprints Explanation and Instructions**

(To be used by non-mortgage broker & loan officer applicants)

Applicants seeking licensure as check cashers, check casher lenders, credit service organizations, pawnbrokers, precious metals dealers, premium finance companies, second mortgage lenders, & small loans companies must have criminal background checks completed as part of the application process. Applicants must include a **STATE CHECK from EACH state in which they resided or worked during the past 5 years.** Background check results must be sent directly to the Division of Financial Institutions (DFI) from the background check provider or government agency conducting the check. DFI will not accept criminal background checks submitted directly by the applicants.

If your workplace or your place of residence has been located outside Ohio anytime during the last five years, **you must also have a national FBI background check completed.** (See Revised Code 121.08(K)).

Criminal background checks are required for the following individuals:

- **Corporation**, each senior officer, and anyone who owns 5% or more of the business
- **Partnership**, every partner and each senior officer
- **L.L.C.**, each member and each senior officer
- **Sole Proprietor**, the owner

**OHIO APPLICANTS** - DFI has entered agreements with independent providers for the electronic fingerprinting and scanning system known as “WebCheck” and “National WebCheck.” Each provider has a system that scans applicants’ fingerprints and electronically transmits the prints to the Ohio Bureau of Criminal Identification & Investigation (BCII) for review. The results of the records review are communicated to DFI by the provider or by BCII directly. The provider that takes fingerprints charges a processing fee for its service. Please note that the providers’ fees are not part of the DFI application/investigation fees.

You may view a current list of providers with which DFI has entered agreements by going to DFI’s web site located at <http://www.com.state.oh.us/dfi/MortgageBrokerLoanOfficerforms.aspx>. Please note that some providers may be able to accommodate a national FBI check, as well as a BCII check.

If you are an Ohio resident, but have lived or worked outside Ohio during the past 5 years, you will **also** need to obtain a state criminal history report from the law enforcement department in **each** state in which you have resided or worked AND a national FBI check.

**OUT-OF-STATE APPLICANTS** – If you are an out-of-state applicant, you must furnish a state criminal history report from the law enforcement department in each state in which you have resided or worked. **In addition, if you have lived or worked outside Ohio during the past five years, you will also need to obtain a national FBI criminal background report.**

**NATIONAL FBI CHECK:** Applicants needing to have a national FBI criminal background check completed have two options:

View the provider list noted above for providers that offer “National WebCheck” for electronic fingerprinting. This is the fastest method to obtain results.

Request an FBI fingerprint card from DFI. Take the card to your local law enforcement agency to be printed. Mail the card along with a **money order or certified check for \$24 payable to “Treasurer, State of Ohio”** to:

**Ohio Bureau of Criminal Identification and Investigation**  
**Post Office Box 365**  
**London, Ohio 43140**

Cash, personal, third party or starter checks will not be accepted. There is a minimum 45 day turnaround for this option.

# Financial Statement

<b>Check One:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> L.L.C.
--

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Financial condition as of : \_\_\_\_\_  
*(Must be within 90 days of application)*

ASSETS	LIABILITIES & NET WORTH
Cash on hand.....\$ _____ Cash in Banks <sup>1</sup> ..... _____ U.S. Government Securities <sup>2</sup> ..... _____ Listed Securities <sup>2</sup> ..... _____ Unlisted Securities <sup>2</sup> ..... _____ Accounts Receivable Net <sup>3</sup> ..... _____ Notes Receivable Net <sup>3</sup> ..... _____ Real Estate Owned <sup>4</sup> ..... _____ Furniture, Fixtures & Equipment..... _____ Vehicles <sup>5</sup> ..... _____ Other Assets - Itemize..... _____ _____ _____ _____ _____ _____ Total Assets .....\$ _____	Notes payable to banks <sup>6</sup> secured .....\$ _____ unsecured ..... _____ Notes Payable ..... _____ Accounts Payable..... _____ Accrued Interest Payable ..... _____ Accrued Taxes ..... _____ Mortgages Payable <sup>6</sup> ..... _____ Other Liabilities - Itemize ..... _____ _____ _____ _____ Total Liabilities..... _____ Net Worth ..... _____ Total Liabilities & Net Worth.....\$ _____

1. *Attach a detailed schedule of bank accounts and a copy of the bank statements as of (or the date closest to) the date of this financial statement*
2. *Attach a detailed schedule for each securities category and a broker's statement as of (or the date closest to) the date of this financial statement for the securities held in street name.*
3. *Attach a detailed schedule of accounts receivable and notes receivable net of uncollected amounts. Pawn Brokers should include their pawns under accounts receivable*
4. *Attach a detailed schedule of real estate owned by location indicating book value, purchase price, and appraised value at time of purchase*
5. *Attach a detailed schedule of vehicles indicating their book value and NADA (Blue Book) documentation establishing current market value*
6. *Attach a detailed schedule of notes and mortgages payable and provide documentation from the bank of the unpaid balances as of the date of this financial statement.*