

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:

- 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:

- 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.

- 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:

- 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:

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.

Signature

Date

Printed Name

**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"

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

**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"

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

**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"