California Capital Financial Development Corporation Personal Financial Statement

Name			PFS	- As of	/	(date)
California Capital FDC uses the inform worthiness of an applicant for a loan This form must be completed by (1) or Limited Liability Company; and (3)	Failure to provi sole proprietor; (de the informatior 2) any owner of 20	n would impact Ca)% or more equit	alifornia Capital's decision on	your application.	
Name				Business Phone		
Business Address				–		
City, State & Zip Code				 County		
Business Name of Applicant				county		
	SETS			Liabil	lities	
Cash on Hand and in Banks			Personal [Debts Owed to Others		
Savings Accounts		<u> </u>	Total Bala	nce of Credit Cards		
IRA and Other Retirement Acco (Describe in Section 5) Accounts & Notes receivable (Describe in Section 5)			Mo. Pa	(Describe in Sectior nce all Auto Loans yments nce of Loans Owed to Ba		
Life Insurance – Cash Surrender (Describe in Section 8) Stocks and Bonds (Describe in Section 3)			Balance of	yments f Real Estate Owed ibe in Section 4)		
Value of Real Estate (Describe in Section 4) Value of Automobiles			Unpaid Ta (Descr Other Liab	xes ibe in Section 6) iilities including monthly		
See Section 5 and include Yea Other Personal Property (Describe in Section 5) Other Assets			Total Liabi	ibe in Section 7) lities		\$ 0.00
(Describe in Section 5)	Total	\$ 0.00	** Totals r	nust equal each other	Total	\$ 0.00
Section 1. Source of Income.				Contingent	Liabilities	
Salary			As Endors	er or Co-Maker		
Net Investment Income				ns & Judgments		
Real Estate Income				for Federal Income Tax		·
**Other Income (Describe belo	-		Other Spe	cial Debt		
Description of Other Income in	Section 1.					
Section 2. Notes Payable to Ba Name & Address of	Original	,		and identify each as part o		and sign) d or Endorsed
Noteholders	Balance	Current Balance	Payment Amount	Frequency (Monthly, etc)		d or Endorsed Collateraol
	1					
** Alimony or child support should not b	e disclosed in "Otl	ner Income" unless i	t is desired to have	e such payments counted towar	d total income	

Please note: Information on this form must include assets and liabilities of owner's or guarantor's spouse and minor children

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Section 3. Stocks and Bonds.	(Use attachments as n	ecessary. Each m	ust be identified as part of this s	tatement and	signed)	
Numbers of Shares	Name of Securities	Cost	Market Value		ate of	Total Value
			Quotation/Exchange	Quotatio	on/Exchange	
Section 4. Real Estate Owned	. (List each parcel sen	arately. Use atta	Achments as necessary. Each I	must be iden	tified as part	
of this statement and signed).	(h					
	Property	Α	Property B		Pro	perty C
Type of Real Estate (e.g. Primary 2nd Residence, Rental etc.)	<i>'</i> ,					
Address of property						
Date Purchased						
Original Cost						
Present Market Value						
Name & Address of mortgage holder						
Mortgage Account Number						
Mortgage Balance						
Amount of Payment per Month						
Status of Mortgage						
Section 5. Other Personal Pro			and , if any is pledged as secur			
lien holder, amount of lien, te	erms of payment and, if delir	nquent, describe	e delinquency.) Atta	ach additiona	Il pages as is nece	essary
Section 6. Unpaid Taxes.	(Describe in detail as to	type, to whom p	payable, when due, amount, a	nd to what p	roperty, if any, a	
tax lien attaches. Attac	ch additional pages as is nece	essary				
Section 7. Other Liabilities.	(Describe in detail & If y	ou pay rent	t, please list your monthly ren	ntal payment	- attach addition	nal pages as needed)

	der value of policies - name of insurance company
I authorize California Capital Financial Development Corporation to ma	ke inquiries as necessary to verify the accuracy of the statements
made and to determine my creditworthiness.	
CERTIFICATION: (to be completed by each person submitting t any 20% or more owner when spousal assets are included.)	the information requested on this form and the spouse of
By signing this form, I certify under penalty of criminal prosecution that	
information submitted with this form is true and complete to the best Development Corporation will rely on this information when making de	
Signature	Date
Print Name	Social Security No
ignature	Date
Print Name	Social Security No.
rint Name	
	IINAL PENALITIES AND ADMINISTRATIVE ALSE STATEMENTS:
REMEDIES FOR FA Knowingly making a false statement on this form is a violation of penalties, and a denial of your loan application. A false statemen of not more than five years and/or a fine of up to \$250,000; unde or a fine of not more than \$5,000; and, if submitted to a Federally § 1014 by imprisonment of not more than thirty years and/or a fi	
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