Personal Financial and Credit Statement

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB No. 2502-0001 (Exp. 7/31/95)

Public reporting burden for this collection of information is estimated to average 8 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2502-0001), Washington, D.C. 20503. Do not send this completed form to either of these addressees.

Privacy Act Statement: The Department of Housing & Urban Development (HUD) is authorized to collect this information by P. L. 479.48, Stat.1246, 12 USC 1701 et. seq.; and the Housing and Community Development Act of 1987, 42 USC 3543, to collect the Social Security Number (SSN). This report is authorized by law (24 CFR 207.1). It will be used , as a minimum, to make a determination of the financial and credit status of the respondent. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. Providing the SSN is mandatory. Failure to provide any of the information may result in your disapproval of participation in this HUD program and/or delay action on your proposal.

Project Name:	Project Number:
Project Location:	Name & Address of Person(s) making this Statement:
	Date Prepared : / Date of Statement:

Assets			**Liabilities and Net Worth**		
Cash on hand in banks Name of depository	Balance	Total	Accounts Payable		$
			Notes Payable		$
Depository and Account No. - Restricted		$	Debts payable in less than one year (secured by mortgages on land and buildings)		$
Depository and Account No. - Unrestricted		$	Debts payable in less than one year (secured by chattel mortgages or other liens on assets)		$
Accounts Receivable	$		Other current liabilities: (describe)		
Less: Doubtful Accounts		$			
Notes Receivable	$				
Less: Doubtful Notes		$			
Stocks and Bonds - Market Value (Schedule A - reverse side)		$			$
Other Current Assets: (Describe)			Total Current Liabilities:		$
			Debts payable in more than one year (secured by mortgages on land and buildings)		$
		$	Debts payable in more than one year (secured by chattel mortgages or other liens on assets)		$
Total Current Assets		$	Other liabilities (describe)		
Real Property — at net * (Schedule B — reverse side)		$			
Machinery Equipment and Fixtures — at net		$			
Life Insurance (Cash value less loans)		$			
Other Assets (describe)					$
			Total Liabilities		$
		$	Net Worth		$
Total Assets		$	Total Liabilities and Net Worth		$

* Cost, including improvements, less depreciation.

form **HUD-92417** (9/93)
ref. Handbook 4470.1

Accounts and Notes Receivable Partner (P) Employee (E) Relative (R) or other (O)*

Name (Indicate also P,E,R or O)*	Address	Maturity Date	Amount
Name (Indicate also P,E,R or O)*	Address	Maturity Date	Amount
Name (Indicate also P,E,R or O)*	Address	Maturity Date	Amount
Name (Indicate also P,E,R or O)*	Address	Maturity Date	Amount
Name (Indicate also P,E,R or O)*	Address	Maturity Date	Amount

Life Insurance	Face Value	Beneficiary

Delinquencies (starting with Federal Indebtedness)

Type Liability	Amount	Circumstances
Type Liability	Amount	Circumstances
Type Liability	Amount	Circumstances
Type Liability	Amount	Circumstances
Type Liability	Amount	Circumstances

Accounts and Notes Payable Partner (P) Employee (E) Relative (R) or other (O)*

Name (Indicate also P,E,R or O)*	Address	Amount	Maturity Date
Name (Indicate also P,E,R or O)*	Address	Amount	Maturity Date
Name (Indicate also P,E,R or O)*	Address	Amount	Maturity Date
Name (Indicate also P,E,R or O)*	Address	Amount	Maturity Date
Name (Indicate also P,E,R or O)*	Address	Amount	Maturity Date

Pledged Assets

Type Pledged	Amount	Offsetting Liability
Type Pledged	Amount	Offsetting Liability
Type Pledged	Amount	Offsetting Liability
Type Pledged	Amount	Offsetting Liability
Type Pledged	Amount	Offsetting Liability

Legal Proceedings: (If any legal proceedings have been instituted by creditors, or any unsatisfied judgments remain on record, give full details starting with any unresolved Federal Indebtedness.)

Schedule A — Stocks and Bonds (Note: If more space is required use a separate sheet of paper.)

Description	Number of Shares	Current Market Value (At date of this Statement)	If Listed, Name Exchange

Schedule B — Real Property (Indicate Private Residence, if any)

Location and Description of Land and Buildings Owned	Age	Original Cost	Market Value	Assessed Value	Mortgaged For	Insured For
Totals						

Title (The legal and/or equitable title to all pieces of the above-described real estate is solely in my name, except as follows.)

Location of Real Property:	Name of Title Holders:

Bank and/or Trade References

Name & Address:	Account Numbers:

Other Information/Remarks

I/We hereby certify that the foregoing figures and the statements contained here, submitted to obtain mortgage insurance under the National Housing Act, are true and give a correct showing of my/our financial condition as of this date.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name(s) & Signature(s):*	Social Security Number(s) :	Date Signed:

* For married individuals, the signature and Social Security Number of the spouse is required. This signature also authorizes the acceptance of the Criminal Certification and allows consideration of the funds indicated herein for the HUD insured project.

*U.S. G.P.O.:1993-342-362:80193 form **HUD-92417** (9/93)
ref. Handbook 4470.1