

**Permission to Research Credit History**

**Dated:** \_\_\_\_\_ **Property:** \_\_\_\_\_

**To Whom It May Concern:**

I/we have applied for credit consideration through Homkor, Inc. or assignee (Credit Grantor), and as part of the application process, Homkor, Inc. may verify information contained in my application as part of its validation. I/we authorize you to provide to Homkor, Inc. any and all information and documentation that may be requested. Such information includes, but is not limited to, employment history and income, bank, money market, brokerage and similar account balances, credit history and copies of income tax returns. A photographic copy or facsimile of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The undersigned hereby authorizes Homkor, Inc., and the Credit Grantor to contact credit reporting agencies and other sources for the purpose of verifying any information stated herein and at any time the undersigned authorize Homkor, Inc. and the Credit Grantor to answer any questions about the credit experience with the undersigned or to assign this authorization to another credit investigation or credit granting agency. The Credit Grantor may furnish this statement along with its credit experience to any of its subsidiaries or affiliated companies along with information regarding any of the undersigned's accounts.

The assets, liabilities, income and expenses described on this (or the attached) financial statement and permission to run credit are (check the appropriate box):

Individual: If you are married, do NOT check this box. You must report your assets jointly. If you are NOT married, initial here: \_\_\_\_\_ If this is an individual financial statement, list all your income, expenses and assets including your partial ownership interest in and income from any partially owned assets and list all of your direct and contingent liabilities.

Joint: **Married applicants MUST submit a joint financial statement.** If this a joint financial statement, list all of both of your income, expenses and your ownership in and income from any partially owned assets and list all of both of your direct and contingent liabilities.

<b>Applicant 1</b>		<b>Applicant 2</b>	
<b>Date</b>		<b>Date</b>	
<b>Name</b>		<b>Name</b>	
<b>Address</b>		<b>Address</b>	
<b>City/State</b>		<b>City/State</b>	
<b>Zip Code</b>		<b>Zip Code</b>	
<b>Social Security Number</b>		<b>Social Security Number</b>	
<b>Phone Number</b>		<b>Phone Number</b>	
 <b>Signature</b>		 <b>Signature</b>	

**This form must be notarized before your application will be considered.**

**NOTARY ACKNOWLEDGEMENT**

STATE OF \_\_\_\_\_ )  
 ) ss. (Seal)  
 COUNTY OF \_\_\_\_\_ )

Today, \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, appeared

\_\_\_\_\_ personally known to me (or proved on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacities, and that by his/her signature on the instrument, the person or the entity upon behalf of which he/she acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Certified Personal Financial Statement

**Dated:** \_\_\_\_\_ **Property:** \_\_\_\_\_

Please note: In addition to a financial statement and notarized permission to run your credit report, you may be required to submit your most recent IRS tax return, bank statements or financial statements verifying the amounts listed on the schedules herein, and copies of statements related to your mortgages and notes payable. For corporations, partnerships and limited liability company applicants, you may also be required to submit your articles of incorporation or organization, by-laws, and a resolution authorizing the proposed transaction (indicating appropriate signers authorized by the corporation, partnership or limited liability company).

Prior to completing any proposed transaction, you may be required to present certificates of insurance naming specific parties as additional insureds where appropriate. You may also be required to submit a business plan and evidence of outside financing.

### Personal Information

Name (First Applicant)			Social Security Number	
Home Address				
City	State	Zip	Phone Number	
Date of Birth		Number of Dependents	Drivers License Number & State	
Employer			Occupation	Years
Business Address				
City	State	Zip	Business Phone Number	

Name (Joint Applicant)			Social Security Number	
Home Address				
City	State	Zip	Phone Number	
Date of Birth		Number of Dependents	Drivers License Number & State	
Employer			Occupation	Years
Business Address				
City	State	Zip	Business Phone Number	

What is the relationship between first and joint applicants? \_\_\_\_\_

I (we) understand that the following questions are addressed to me (us) and I (we) have answered them accurately and completely:

- Yes  No  1. Are you named as beneficiary of a trust?  
 Yes  No  2. Are you named as beneficiary of a will or estate?  
 Yes  No  3. Are any of the assets listed herein held under a trust agreement of any type, held in an estate, or in any other name or capacity?  
 Yes  No  4. Are any of the assets listed herein on deposit, located, or otherwise held outside the United States of America?  
 Yes  No  5. Do any of your assets secure any debts which have not been reported in the schedules listed herein?  
 Yes  No  6. Are any of the assets listed herein located in the community property states of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, or Washington?  
 Yes  No  7. Are any of your real estate properties used by you in your business?  
 Yes  No  8. Have you ever filed for personal bankruptcy, had property you owned foreclosed, or made a settlement or an assignment for the benefit of creditors?  
 Yes  No  9. Has any corporation or partnership in which you are (were) a major owner or a general partner ever filed for bankruptcy, had property it owned foreclosed, or made a settlement or assignment for the benefit of creditors?  
 Yes  No  10. Are you, or any corporation or partnership in which you are a major owner or a general partner, a party to any suit or legal action, or are there any unsatisfied judgments against you?  
 Yes  No  11. Are any income tax returns, whether personal or that of any corporation or partnership in which you are a major owner or a general partner, currently being audited or contested?  
 Yes  No  12. Are you an officer, director, or principal shareholder of a financial institution?  
 Yes  No  13. Have you made a will? The executor(s) is \_\_\_\_\_  
 Yes  No  14. Have you ever been convicted of a felony anywhere in the United States?

Please attach on separate sheets of paper your explanations to any answers requiring additional explanation to the foregoing questions.

## Balance Sheet

Assets (omit cents)			Liabilities (omit cents)		
		Value			Due
Cash (Schedule 1)	In Bank		Notes Payable (Schedule 6)	To Bank	
	In Other Institutions			Other Notes Payable	
Securities (Schedule 2)	Marketable		Taxes Owing	Margin Account	
	Not Publicly Traded			Income Taxes	
Accounts/Notes Receivable (Schedule 3)	Market Value		Mortgages Payable (Schedule 7)	Other Taxes	
Real Estate Market Value (Schedule 7)	Primary Residence			Unrealized Asset Appreciation	
	Other Wholly-Owned RE		Primary Residence		
	Partially Owned RE		Other Wholly-Owned RE		
Insurance (Schedule 4)	Term Life Amount		Partially Owned RE		
	Whole Life Cash Value		Estimated Credit Card Balance		
	Annuities (Schedule 4)		Automobile Loan Balances		
Equipment & Other Business Assets (Schedule 8)			Equipment & Other Business Liabilities (Schedule 8)		
Deferred Compensation and Retirement Plans (Schedule 5)			Other Liabilities (Attach Itemization)		
Other Assets (Attach Itemization)					
Offshore Assets (Attach Itemization)					
<b>Total Assets</b>			<b>Total Liabilities</b>		
			<b>Net Worth (Assets Less Liabilities)</b>		

## Contingent Liabilities

Instructions: State Total Amount of Liability and Attach Appropriate Detail. Contingent liabilities are financial obligations of other individuals, partnerships, or companies which you have endorsed, guaranteed or otherwise agreed to or have a statutory obligation to honor in the event of certain contingencies and any direct obligations that are not reflected in the balance sheet above that you will be required to honor in the event of certain contingencies. These include obligations to other banks or creditors of any kind. You must disclose all such guarantees, endorsements, etc. in this schedule.

- |                                       |                             |                              |
|---------------------------------------|-----------------------------|------------------------------|
| 1. As Guarantor or Endorser           | 2. On Leases or Contracts   | 3. Legal Claims or Judgments |
| 4. Income Tax Claim or Dispute Amount | 5. Standby Letter of Credit | 6. Other                     |

Type #	Name of Primary Obligor	Due To	Maximum Legal Obligation Amount	Maturity	Explanation

## Annual Income/Expense Information

Alimony, Child Support or Separate Maintenance Income need NOT be revealed unless you wish to have them considered as a basis for repaying the requested credit.

Source of Cash	Last Year	Projected this year	Uses of Cash	Last Year	Projected this year
<i>Recurring</i>			<i>Expenses</i>		
Salary & Wages			Income Taxes & FICA		
Commissions, Bonus, Etc.			Other Payroll Deduction		
Interest & Dividends			Living Expense, Misc.		
Real Estate Income			Real Estate Expense		
Trust Income			Planned Investments		
Other Business Income			Alimony, Child Support, Separate Maint.		
Other:			Other:		
<b>Sub Total</b>			<b>Sub Total</b>		
<i>Non-Recurring</i>			<i>Debt Service</i>		
Commissions, Bonus, Etc.			Primary Residence Payment		
Sale of Assets			Scheduled Principal & Interest		
Tax Refund			Other Interest or Principal Payments		
Other			Contingent Liability Payments		
<b>Total Cash Sources</b>			<b>Total Cash Used</b>		
			<b>Total Cash Flow (Sources minus Uses)</b>		

### Schedule 1- Cash; Deposit Accounts

Name on Account	Deposit Institution & Location	Balance	Type of Account	Account Number	Pledged? Yes/No

Attach additional pages if necessary.

**Cash on Hand**

### Schedule 2- Securities; Stock and Bonds

\*"Restricted" means trading of the Security is subject to limitations due to letter, legend or control.

Name of Issuer	Where Traded	Shares	Market Price per Share	Market Value	Cost per Share	Pledged? Yes/No	*Restricted? Yes/No	Registered in the name of

Attach additional pages if necessary.

**Value**

### Schedule 3- Accounts Receivable; Notes Receivable

Due From	Original Amount	Rate	Present Balance	Maturity	Payment Terms	Collectable? Yes/No	Collateral

Attach additional pages if necessary.

**Value**

### Schedule 4- Life Insurance and Annuities (Including Employer Provided)

Company	Whole or Term Life?	Face Amount	Beneficiary	Cash Value	Policy Loan	Net Cash Value	Insured	Pledged? Yes/No

Attach additional pages if necessary.

**Value**

### Schedule 5- Deferred Compensation & Retirement Plans

Includes I.R.A. Accounts, KEOGH, 401(k), 403(b), Fully Vested Benefit Plans, and similar accounts.

Trustee or Plan Administrator	Type of Account	Beneficiary	Balance/Value	Plan Loan	Net Plan Value	In Name Of

Attach additional pages if necessary.

**Value**

### Schedule 6- Notes Payable (Exclude Mortgages Listed in Schedule 7 & 8)

If you are a Co-Maker, list the loan in this Schedule and state the Borrower's Name in the Collateral Column.

Due To	Original Amount	Rate	Present Balance	Maturity	Payment Terms	Current? Yes/No	Collateral

Attach additional pages if necessary.

**Due**

For Schedule 7 & 8, if the amount of debt which can be legally enforced against you exceeds your percentage of ownership, please detail in contingent liability section on Page 2.

### Schedule 7- Real Estate Owned (Including Partnership Interests)

Names of Owners	Location & Improvements	Year Acquired	Market Value Now	Loan Balance	Lien Holder & Loan Number	Maturity Date	Interest Rate	Monthly Payment	Net Operating Revenue	Taxes Paid? Yes/No
Primary Residences										
Attach additional pages if necessary.		<b>Totals</b>								
Other Wholly Owned Real Estate										
Attach additional pages if necessary.		<b>Totals</b>								
Other Partially Owned Real Estate										
Attach additional pages if necessary.		<b>Totals</b>								

### Schedule 8- Other Business Assets (Including Partial Ownerships)

Location & Description	%	Year Acquired	Present Valuation	Present Loan Balance	Lien Holder & Loan Number	Maturity Date	Interest Rate	Monthly Payment	Net Operating Revenue	Taxes Paid? Yes/No
<b>Totals</b>										

The undersigned herewith submit through Homkor, Inc., this financial statement along with supporting schedules and attachments which constitute a complete personal financial statement. This statement is submitted for the purpose of inducing a Credit Grantor to extend or maintain credit whether as direct obligor(s) or indirectly as guarantor(s) or other obligor(s) of credit extended to others. The undersigned certify that this statement presents a true, complete, and correct statement of the undersigned's financial condition as of the date shown and does not omit any pertinent information. Misrepresenting information on this or the attachments is a criminal offense under federal law. The undersigned agree to notify the Credit Grantor promptly in writing of any material unfavorable change in financial condition. In the absence of such notice, the Credit Grantor may consider this financial statement a continuing statement and substantially correct. If the undersigned apply for further credit, this statement shall have the same force and effects as if delivered as an original statement of financial condition at the time such further credit is requested.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_