



45 CAREY AVENUE, SUITE 200, BUTLER, NJ 07405
 TEL: 973.492.5300 -- FAX: 973.492.5301

_____ as of _____ 20_____
 Name(s)

1. RESIDENCE ADDRESS

Address _____
 City, State, Zip _____
 Home Phone _____
 Social Security Number _____

1a. BUSINESS ADDRESS

Address _____
 City, State, Zip _____
 Business Phone _____
 Position or Occupation _____

2. ASSETS

Cash on Hand and in Banks _____	
Stocks, Bonds, Securities (Schedule A) _____	
Real Estate – Market Value (Schedule B) _____	
Business Interests (Schedule C) _____	
Loans Receivable _____	
Life Insurance – <u>Cash Value Only</u> _____	
Automobiles (Schedule D) _____	
Household Items _____	
Collectible Items _____	
Business Equipment Items _____	
Other Assets _____	
TOTAL ASSETS _____	

3. LIABILITIES

Automobile Loans (Schedule D) _____	
Real Estate Mortgages Payable (Schedule B) _____	
Notes Payable Secured (Scheduled E) _____	
Notes Payable Unsecured (Schedule E) _____	
Loans Payable (Schedule E) _____	
Installment Accounts Payable (Schedule E) _____	
Other Amounts Payable Secured (Schedule E) _____	
Other Amounts Payable Unsecured (Schedule E) _____	
Other Liabilities _____	
TOTAL LIABILITIES _____	
NET WORTH _____	
TOTAL LIABILITIES & NET WORTH _____	

4. ANNUAL INCOME

Salary _____	
Bonus and Commission _____	
Dividends _____	
Real Estate Income _____	
Other Income (Attach Explanation) _____	
Total Income _____	

5. ANNUAL EXPENSE

Rent or Home Mortgage (Include Taxes & Insurance) _____	
Estimated Income Taxes _____	
Living Expenses _____	
Other Expenses (Attach Explanation) _____	
TOTAL EXPENSE _____	
SURPLUS INCOME (Total Income – Total Expenses) _____	

6. CONTINGENT LIABILITIES

Do you have any Contingent Liabilities? Yes No If yes, List below.
 As Endorser, Co-Maker or Guarantor _____
 Income Tax Liens or Legal Claims _____
 Other _____
 Total _____

7. PERSONAL

Number of dependents _____ Are any assets pledged? Yes No
 Are you a defendant in any legal action? Yes No
 Have you declared bankruptcy? Yes No
 Life Insurance Amount _____ Cash Value _____
 Have you filed for Homestead Exemption on your property? Yes No

8. STOCKS, BONDS, SECURITIES (Schedule A)

Description	In name of	Date Acquired	No. of Shares	Exchange listed on	Total Cost	Total Current Market Value

9. REAL ESTATE (Schedule B)

	Location	Location	Location
	Address	Address	Address
	City	City	City
	State, Zip	State, Zip	State, Zip
1. Titled to			
2. Purchase Cost Year Purchased			
3. Market Value			
4. 1 st Trust Deed Lien Holder			
5. 2 nd Trust Deed Lien Holder			
6. 3 rd Trust Deed Lien Holder			
7. Type of Property			
8. Monthly Income			

10. BUSINESS INTERESTS (Including Receivables and Inventory) (Schedule C)

Description	Sole Prop.	Partnership	Corporation	DBA	Total Cost	Market Value

11. AUTOMOBILES (Schedule D)

Year	Make	Model	Monthly Payment	Total Owng	Lien Holder

12. ALL DEBTS DUE (Owed except Real Estate and Automobiles) (Schedule E)

Name of Creditor	Address	Phone	Secured?	Acct. No.	Monthly Payment	Original Balance	Balance

The above information, together with any accompanying financial statements, schedules, or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above who is either a principal, a personal guarantor or a sole proprietor of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, has provided his/her written authorization for inquiry into their credit worthiness, including but not limited to obtaining a consumer credit report, and shall hold Liberty Capital Group, Inc and its assignees, agents or nominees harmless from same. You understand that such investigation may include seeking information as to the background, credit and financial responsibility of your officers and principals (or any of them). The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into the binding contract); because all or part of the applicant's income derives from any public assistance program.

By: _____

Date: _____

By: _____

Date: _____