



City of Salisbury

Downtown Revolving Loan Information & Application

Personal Financial Statement

This is: An individual statement. A joint statement. All assets and liabilities listed in this statement are joint unless otherwise indicated.

Person 1: _____
Name Address Phone

Person 2: _____
Name Address Phone

Authorization. I authorize the City of Salisbury, Maryland to request and review all data you deem appropriate about me, including credit reports from agencies, now and for all future reviews, extensions, or renewals of credit extended to me or others or for collection of loans. Upon request you will tell me if a credit report was requested, and, if so the name and address of the credit reporting agency furnishing the credit report. To request the information, I should call or write your office to which I am submitting this application.

Ownership of Assets. I am sole owner of all assets listed in this statement. Except as disclosed in this statement, no one else has any interest in or claim on these assets, and none of the assets listed has been assigned, pledged, or mortgaged.

Certification and Reliance. I certify that the information herein is complete and true as of the date opposite my signature, or as of ____/____/____. I understand that the City of Salisbury may rely upon this information from time to time in extending credit to me or others and may continue to so rely until (i) I notify the City of Salisbury in writing of any material adverse change in such information; or (ii) the City of Salisbury is provided with new financial statements. I will promptly notify the City of Salisbury in writing of any material adverse change in (i) any information contained herein or a financial statement supplied to the City of Salisbury in the future; or (ii) my financial condition.

All Amounts Due. If I owe the City of Salisbury any debt, they have the right to call for immediate payment of that debt if (i) I become insolvent, bankrupt, incompetent or die or go out of business; (ii) anything contained in this financial statement is false; (iii) I break any written promise I make to the City of Salisbury; or (iv) a change occurs that the City of Salisbury reasonably believes may materially affect my ability to pay any such debt.

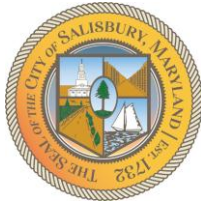
BY SIGNING BELOW, I (any principle or guarantor) EXPRESSLY PERMIT THE CITY OF SALISBURY TO SHARE WITH THE MAYOR, CITY COUNCIL, CITY SOLICITOR, AND/OR THE BANKERS REVIEW COMMITTEE ANY AND ALL OF MY PERSONAL FINANCIAL INFORMATION OBTAINED IN CONNECTION WITH THIS TRANSACTION, INCLUDING ANY INDIVIDUAL CONSUMER CREDIT REPORT OBTAINED NOW OR IN THE FUTURE. I UNDERSTAND THAT I AM NOT REQUIRED TO AUTHORIZE THE SHARING OF SUCH INFORMATION IN ORDER TO OBTAIN CREDIT OR OTHERWISE TRANSACT BUSINESS WITH THE CITY OF SALISBURY.

Person 1's Signature Date: _____ 20__

Person 2's Signature Date: _____ 20__

Notwithstanding any provision to the contrary above, I do not authorize the City of Salisbury to share my personal information with the Mayor, City Council, City Solicitor, and/or the Bankers Review Committee, other than information the City of Salisbury may share as otherwise provided by law.

Submit Application to:
Director of Business Development – City of Salisbury
110 N Division Street
Salisbury, MD 21801
410-677-1916 | LSoper@salisbury.md



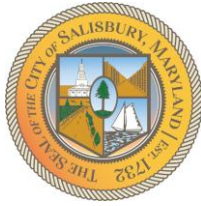
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ASSETS		LIABILITES	
Cash on hand and in Banks (Schedule 1)	\$ _____	Notes Payable to Banks (Schedule 5)	\$ _____
Cash Value of Life Insurance (Schedule 2)	_____	Loans on Cash Value of Life Ins. (Schedule 2)	_____
Stocks and Bonds – at market (Schedule 3)	_____	Notes Payable to Others (Schedule 5)	_____
Real Estate – at market (Schedule 4)	_____	Mortgages Payable (Schedule 4)	_____
Autos and Trucks	_____	Charge Accounts and Bills Payable (Schedule 6)	_____
Accounts or Notes Receivable	_____	Other Liabilities (Itemize)	_____
Other Assets (Itemize)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	Total Liabilities	_____
_____	_____	Net Worth (Total Assets Minus Total Liabilities)	_____
Total Assets	\$ _____	Total Liabilities and Net Worth	\$ _____

INCOME INFORMATION			PERSONAL INFORMATION		
	Person 1	Person 2		Person 1	Person 2
Gross Salary – Annual	\$ _____	\$ _____	Date of Birth	_____	_____
Bonus	_____	_____	Social Security Number	____ _	____ _
Rental Income	_____	_____	Have you ever been bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dividend or Investment Income	_____	_____	Are you a defendant in any legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other income (income from alimony, child support or separate maintenance need not be revealed if you do not choose to rely upon such income in applying for credit.)	_____	_____	Do you endorse, guaranty, or co-sign any loan not listed above? (Schedule 7)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	_____	Are you under indictment, on probation or parole or ever been convicted for a criminal offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Income	\$ _____	\$ _____	Are any of your taxes past due?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional schedules if necessary

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Schedule 1 CASH ON HANDS & IN BANKS				
Name of Bank	Type of Account	Maturity (if any)	Assigned to (if any)	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total \$				_____

Schedule 2 CASH VALUE OF LIFE INSURANCE					
Face Amount	Name of Insurance Company	Beneficiary	Loans on Cash Value of Life Insurance	Assigned to (if any)	Cash Value
\$ _____	_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total \$			Total \$		

Schedule 3 STOCKS & BONDS				
No. of Shares	Description	Owner(s) of Record	Assigned to (if any)	Market Value
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total \$				_____

Schedule 4 REAL ESTATE							
Location and Property Use	Owner(s) of Record	Year Acquired	Cost	Mortgage Balance	Held By	Monthly Payment	Market Value
_____	_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Total \$				Total \$			

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Schedule 5						
NOTES PAYABLE TO BANKS & OTHERS						
Name of Creditor	Type of Note	Monthly Payment	Maturity	Secured By	Endorsed or Guaranteed by	Present Balance
_____	_____	\$ _____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Total \$						_____

Schedule 6				
CHARGE ACCOUNTS & BILLS PAYABLE (list only amounts over \$500)				
Owed to	Type of Account	Monthly Payment	Secured by	Present Balance
_____	_____	\$ _____	_____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Schedule 7				
LOANS ENDORSED, GUARANTEED OR CO-SIGNED				
Name of Borrower	Type of Loan	How obligated (endorser guarantor or co-signer)	Secured by	Present Balance
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	\$ _____

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