

EXHIBIT A

PERSONAL FINANCIAL STATEMENT

OHIO DEPARTMENT OF DEVELOPMENT

As of _____

Complete this form for: (1) each proprietor, or(2) reach limited partner who owns 10% or more interest and each general partner, or (3) each stockholder owning 10% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name _____
Business Phone _____ Residence Phone _____
Residence Address _____
City, State, & Zip Code _____
Business Name of Applicant/Borrower _____

ASSETS

LIABILITIES

Cash on hand & in Banks \$ _____
Savings Account \$ _____
IRA or Other retirement Account\$ _____
Accounts & Notes receivable \$ _____
Life Insurance-Cash Surrender Value
Only (Complete Section 8) \$ _____
Stocks and Bonds
(Describe in Section 3) \$ _____
Real Estate
(Describe in Section 4) \$ _____
Automobile-Present Value \$ _____

Other Personal Property
(Describe in Section 5) \$ _____

Other Assets]
(Describe in Section 5) \$ _____

Total \$ _____

Accounts Payable \$ _____
Notes Payable to Banks & Others \$ _____
(Describe in Section 2)

Installments Account (Auto) \$ _____
Mo. Payments \$ _____
Installment Account (other) \$ _____
Mo. Payments \$ _____
Loans on life Insurance \$ _____
Mortgages on Real Estate \$ _____
Unpaid Taxes \$ _____
(Describe in Section 6)

Other Liabilities
(Describe in Section 7) \$ _____

Total Liabilities \$ _____

Net Worth \$ _____

Total \$ _____

Section 1 Sources of Income
Salary \$ _____
Net Investment Income \$ _____
Real Estate Income \$ _____
Other Income (Describe Below)* \$ _____

Contingent Liabilities
As Endorser or Co-Maker \$ _____
Legal Claims & Judgment \$ _____
Provision for Federal Income tax \$ _____
Other Special Debt \$ _____

EXHIBIT A (cont.)

Description of Other Income in Section 1.

*Alimony or child support payments need to be disclosed in 'Other Income' unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How secured or Endorsed. Type of Collateral

Section 3. Stocks and Bonds. (Use attachment if necessary. Each attachment must be identified as a part and of this statement signed)

Number of Shares	Name Securities	Cost	Market Value Quotation	Date of Quotation/ Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.

	Property A	Property B	Property C
Type of Property			
Name and Address of Property			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Holder			
Mortgage Balance			
Amount of Payment per Month/ Year			
Status of Mortgage			

EXHIBIT A (cont.)

Section 5. Other Personal Property and Other Assets. (Describe and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent describe delinquency).

Section 6. Unpaid Taxes. (Describe in detail as to type, to whom payable, when due, amount and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities (Describe in detail).

Section 8. Life Insurance Held. (Give face amount and cash surrender value policies-name of insurance company and beneficiaries.

I authorize the Ohio Department of Development/ lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the State Attorney General.

Signature _____ Date _____ Social Security Number _____

Signature _____ Date _____ Social Security Number _____