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FINANCIAL STATEMENT						
Dated as of						
NAME	SOCIAL SECURITY NO.	DATE OF BIRTH	<input type="checkbox"/> UNMARRIED	#OF DEPENDENTS		
			<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPERATED			
SPOUSE'S NAME	SOCIAL SECURITY NO.	DATE OF BIRTH	<input type="checkbox"/> JOINT STATEMENT			
			<input type="checkbox"/> INDIVIDUAL STATEMENT			
HOME ADDRESS	CITY	STATE	ZIP	PHONE	HOW LONG	
EMPLOYER	BUSINESS ADDRESS			PHONE	HOW LONG	POSITION

SECTION A: ASSETS (Schedules)	
CASH	(1)
MARKETABLE SECURITIES	(2)
NON-MARKETABLE SECURITIES	(3)
INVESTMENTS IN PARTNERSHIPS	(4)
REAL ESTATE (HOMESTEAD)	(5)
REAL ESTATE (OTHER)	(5)
IRA'S KEOGHS, &	(6)
OTHER QUALIFIED PLANS	
OTHER ASSETS	(7)
PERSONAL PROPERTY	
AUTOMOBILES	
NOTES RECEIVABLE	
INTERESTS IN TRUSTS	
MISC.	
TOTAL ASSETS	

SECTION B: LIABILITIES (Schedules)	
REAL ESTATE/MORTGAGES PAYABLE	(5)
NOTE PAYABLE	(8)
MARGIN DEBT DUE BROKERS	(2)
PARTNERSHIP RELATED DEBT	(4)
TAXES PAYABLE	
CREDIT CARD DEBT	
OTHER LIABILITIES	
TOTAL LIABILITIES	
NET WORTH	
TOTAL LIABILITIES PLUS NET WORTH	

SECTION C: CASH INCOME AND CASH EXPENSE INFORMATION**			
CASH INCOME**		ANNUAL	
GROSS WAGES OR SALARIES			
COMMISSIONS, BONUSES, ETC.			
PARTNERSHIP DRAWS, ETC.			
PARTNERSHIP DISTRIBUTIONS			
INTEREST & DIVIDENDS			
RENTAL INCOME			
TRUST DISTRIBUTIONS			
OTHER			
TOTAL CASH INCOME			

CASH EXPENSE		ANNUAL	
REAL ESTATE/MORTGAGE PAYMENTS			
REGULARLY SCHEDULED INSTALLMENTS			
INCOME TAXES			
PARTNERSHIP CONTRIBUTIONS			
OTHER TAXES (REAL ESTATE, ETC.)			
LIVING EXPENSES & MISC.			
RENTAL EXPENSES			
OTHER ANTICIPATED PAYMENTS			
TOTAL CASH EXPENSES			
NET CASH FLOW			

*Includes single, divorced, and widowed

**List all assumptions on page 4 under Additional Comments and describe any significant expected changes in your cash income or your cash expenses

SECTION D - CONTINGENT LIABILITIES			
Instructions: State Total Amount By Type of Liability and Describe: If none, then type none on this section.			
A. AS GUARANTOR OR ENDORSER			E. LETTERS OF CREDIT
B. ON LEASES OR CONTRACTS			F. FUTURE CAPITAL CONTRIBUTIONS
C. FOR LEGAL CLAIMS OR JUDGMENTS			G.
D. INCOME TAX CLAIM OR DISPUTE			TOTAL A-G

Describe (A-G Above) Include Beneficiary Party, Amount Obligated and When Obligated, Purpose, and Maturity Date

SCHEDULE 7 - OTHER ASSETS			
DECIPTION	CURRENT MARKET VALUE	COST	PLEGDED Y OR N?
TOTAL			

SECTION 8 - NOTES PAYABLE (exclude mortgage, partnership, and real estate related debt)							
NAME AND ADDRESS OF FINANCIAL INSTITUTION	PURPOSE	ORIGINAL	ORIGINAL	BALANCE	MATURITY	YEARLY	COLLATERAL
		DATE	AMOUNT			PAY. TERMS	
TOTAL							

In the following statement, the words "I", "me", and "my" mean anyone signing below. "You" and "your" refer to Lender.

I have given you this financial statement, and attachments, if any, in order to obtain credit or services from you. I understand that you will rely on this information in connection with any decision you make in providing credit or services to me. I warrant and represent to you that this financial statement and any other information I may supply to you is correct and fully and accurately discloses all of my assets and liabilities, including, but not limited to, my contingent liabilities, cash income, and cash expenses as of the date I provide this information to you. All appraisals and similar indications of value relating to my assets which are available to me as of this date are attached for your review. You may assume that my financial condition is at least as good as shown on this statement until I provide to you another updated financial statement. You may request credit information about me from others including an investigative consumer report and you may request a consumer credit report about me in connection with this statement for credit or services. If I ask you, you will tell me whether or not a consumer report was requested and will also tell me the name and address of the reporting agency. I give you my permission to obtain additional consumer credit reports and investigative consumer reports without telling me should you update, renew, extend, or review my credit or other service arrangements with you. You may also share credit information about me with your affiliates, subsidiaries, parent company, other creditors, and all others permitted or required by law. I understand that, in the event any information contained in this statement is incorrect, false, or misleading and you incur a loss, I may be held liable. I also understand that knowingly providing false or misleading information in this financial statement is a federal offense that may subject me to fine, imprisonment or both (18 USC Section 1014).

SIGNATURE	DATE	SIGNATURE	DATE
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INSURANCE		
AUTO	HOME/REAL ESTATE	LIFE
INSURANCE CO.	INSURANCE CO.	INSURANCE CO.
POLICY NO.	POLICY NO.	POLICY NO.
COVERAGE	COVERAGE	COVERAGE
AGENT NAME	AGENT NAME	AGENT NAME
PHONE NO.	PHONE NO.	PHONE NO.
NAME OF PERSONAL ATTORNEY	PERSONAL REFERENCE OR RELATIVE	PHONE NO.

- Are you a defendant in any suits or legal actions? No Yes, if yes, describe on Page 4 under additional comments.
- Income tax returns filed through (date) _____ Are any returns being audited or contested? No Yes, if yes, what year(s)? _____
- Have you drawn a will? No Yes, if yes, year drawn _____ Executor/trix _____
- Do you have a line of credit or unused line of credit at any other institution? No Yes, if yes, indicate how much and where. _____
- Have you ever filed a petition in bankruptcy or has one been filed involuntarily against you? No Yes, if yes, explain on Page 4 under additional comments.
- Are you an Executive Officer, Director, or Principal Shareholder of a bank? No Yes, Name of Bank _____
- Are any of the assets held in Trust, in an estate, or in any other name or capacity? No Yes

