

PERSONAL FINANCIAL STATEMENT AS OF:

SUBMITTED BY:

GENERAL INFORMATION					
APPLICANT (NAME)			CO-APPLICANT (NAME)		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.	No. of Years With Employer	Title/Position	Business Phone No.	No. of Years With Employer	Title/Position
Name of Previous Employer & position (if with current employer less than 3 years)		No of Yrs	Name of Previous Employer & position (if with current employer less than 3 years)		No of Yrs
Home Address			Home Address		
Home Phone No.	Social Security No.	Date of Birth	Home Phone No.	Social Security No.	Date of Birth
Name, Phone No. of Your Accountant			Name, Phone No. of Your Accountant		
Name, Phone No. of Your Attorney			Name, Phone No. of Your Attorney		
Name, Phone No. of Your Investment Advisor/Broker			Name, Phone No. of Your Investment Advisor/Broker		
Name, Phone No. of Your Insurance Advisor			Name, Phone No. of Your Insurance Advisor		

Cash Income & Expenses Statement For Year Ended: _____ Omit Cents)

ANNUAL SOURCES OF INCOME	AMOUNT (\$)
Salary (applicant)	
Salary (co-applicant)	
Bonus & Commissions (applicant)	
Bonus & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME	

ANNUAL EXPENSES	AMOUNT (\$)
Federal Income and Other Taxes	
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	Residential
	Investment
Property Taxes	Residential
	Investment
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expenses	
Medical Expenses	
Other Expense (List)	
TOTAL EXPENDITURES	

Any significant income changes expected in the next 12 months? Yes (if yes attach information) No

**Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Balance Sheet as of: _____

ASSETS		AMOUNT (\$)	LIABILITIES		AMOUNT(\$)
Cash in this Facility (including money market accounts, CDs)			Notes Payable to this Facility	Secured	
				Unsecured	
Cash in Other Financial Institutions (list (including money market accounts, CDs):			Notes Payable to Others (Schedule E)	Secured	
				Unsecured	
			Accounts Payable (including credit cards)		
			Margin Accounts		
			Notes Due: Partnership (Schedule D)		
Readily Marketable Securities (Schedule A)			Taxes Payable		
Non-Readily Marketable Securities (Schedule A)			Mortgage Debt (Schedule C)		
Accounts and Notes Receivable			Life Insurance Loans (Schedule B)		
Net Cash Surrender Values of Life Insurance (Schedule B)			Other Liabilities (List):		
Residential Real Estate (Schedule C)					
Real Estate Investments (Schedule C)					
Partnerships/PC Interests (Schedule D)					
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts					
Deferred Income (number of years deferred _____)					
Personal Property (including automobiles)					
Other Assets (list):					
TOTAL ASSETS			TOTAL LIABILITIES		
					NET WORTH

CONTINGENT LIABILITIES	YES	NO	AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any suits or legal actions pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you contingently liable on any lease or contract?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are any of your tax obligations past due?	<input type="checkbox"/>	<input type="checkbox"/>	_____
What would be your total estimated tax liability if you were to sell your major assets?			_____
If yes for any of the above give details:			

Schedule A – All Securities (including non-money market mutual funds)							
No. of Shares (Stock) or Face Value (Bonds)	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEGGED	
						YES	NO
READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals)*							
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
NON-READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals)*							
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

*If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Schedule – B Insurance

Life Insurance (use additional sheet if necessary)

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)

Personal Residence Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						
Investment Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

*If not enough space, attach a separate sheet.

Schedule – D Partnerships (less than majority for real estate partnerships)*

Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date
Business/Professional (Indicate name):						
Investments (including Tax Shelters):						

*Note: Those investments that represent a significant portion of your total assets, please submit the corresponding financial statements or tax returns, or for a partnership investment or S-corporations, schedule K-1s.

Schedule E – Notes Payable

Due To	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

Personal Questionnaire (This section must be completed):

1. Income tax returns filed through (date): _____ Are any returns currently audited or contested? Yes No
If yes, what year(s)? _____
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? Yes No
yes, please provide details: _____
3. Have you drawn a will? Yes No
If yes, please furnish the name of the executor(s) and year will was drawn: _____
4. Number of dependents (excluding self) and relationship to applicant: _____
5. Have you ever had a financial plan prepared for you? Yes No
6. Did you include two years federal and state tax returns? Yes No
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? Yes No
If so, please indicate where, how much, and name of facility: _____
8. Do you anticipate any substantial inheritances? Yes No
If yes, please explain: _____
9. Have you ever been charged with and/or convicted of a crime? Yes No
If yes, please provide details: _____

Representations and Warranties

“You” and “Your” shall refer to ROCFS LLC and it’s parents, subsidiaries, affiliates, and related entities.

Information provided in this statement is intended to induce you to extend or to continue the extension of credit to the undersigned or to others upon the signature and/or guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct, and complete and that there are no material omissions. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this document should be considered as a continuing statement and can be relied upon as being substantially correct. If the undersigned fails to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to evaluate the credit-worthiness of each undersigned. Each of the undersigned authorizes you to share information about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. The undersigned grants you authority to obtain personal credit information from credit reporting agencies on an annual or as-needed basis. This personal statement and any other financial or other information supplied by the undersigned shall be your property.

In connection with this statement and during the term of any financing provided to the undersigned or guaranteed by the undersigned, I authorize you to request and access any and all information about me from any 3rd-parties, including credit reports, consumer reports, criminal background checks, employment reports, and any other reports of any kind containing confidential or non-confidential information about me. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; insurance records; financial institution record; drug testing history; telephone number trace; military history; Social Security number trace; present and former addresses; criminal and civil history/records; and any other public record. I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to you including, but not limited to, any and all courts, public agencies, law enforcement agencies, and credit bureaus.

Date

Your Signature

Date

Co-Applicant’s Signature (If you are requesting the financial accommodation jointly)