



Financial Statement

Entity Name or Name of Owner/Sole Proprietor (as identified in License Application) _____

Individual's Name _____

Financial condition as of: _____

Financial condition cannot be dated any earlier than
 90 days preceding the application date for Credit Access Businesses, or
 60 days preceding the application date for all other regulated industries
 Partners' statements must all reflect the same date.
 Complete and attach Schedules 1 - 6 to this form (with the exception of Motor Vehicle Sales Finance Applicants)
 Attach a separate statement if space is insufficient for full disclosure.

ASSETS		LIABILITIES & NET WORTH	
BUSINESS ASSETS		LIABILITIES	
Cash in Banks & Other Depositories (Sch 1)		Loans Payable to Fin. Institutions-Secured (Sch 6)	
Cash on Hand		Loans Payable to Fin. Institutions-Unsecured (Sch 6)	
Pawn Loans Receivable (Excl Fin. Chgs) (Sch 2)		Line of Credit - Drawn (Sch 6)	
Other Loans & Accounts Receivable Less Reserve for Bad Debts (Sch 2)		Loans Payable to Relatives (Sch 6)	
Stocks & Bonds (Sch 4)		Loans Payable to Others (Sch 6)	
Real Estate (Sch 5)		Retail Accounts Payable - Personal	
Automobiles & Trucks No. of Vehicles _____		Accounts Payable - Business	
Other Assets (Describe Fully)		Mortgage Loans Payable, Homestead (Schs 5 & 6)	
Total Business Assets (See Note 1)		Mortgage Loans Payable, Other (Schs 5 & 6)	
PERSONAL ASSETS (Sole Proprietors & Partners Only)		Unpaid Income Taxes	
Cash in Banks & Other Depositories (Sch 1)		Other Unpaid Taxes - Business	
Cash Value Life Insurance, Net (Sch 3)		Other Unpaid Taxes - Personal	
Stocks & Bonds (Sch 4)		Unearned Charges on Receivables	
Automobiles & Trucks, Exempt No. of Vehicles _____		Provision for Fed Income Tax on Unrealized Gain on Appreciated Property	
Household Goods/Other Exempt Personal Property		Other Liabilities (Describe Fully)	
Other Assets (Describe Fully)		TOTAL LIABILITIES	
Total Personal Assets (See Note 2)		NET WORTH (Assets minus Liabilities)	
		TOTAL LIABILITIES AND NET WORTH	
		CONTINGENT LIABILITIES	
		As Endorser or Co-Maker	
		On Leases or Contracts	
		Legal Claims	
		Other Special Debt	

Note 1: Business assets must be reported at the lower of original cost or current market value. If pawnshop inventory is essential to your meeting the net asset requirement, you must attach a list of those items.

Note 2: If you have listed any appreciated assets at their current market value (e.g. stocks & bonds), you must report a Provision for Federal Income Taxes on the unrealized gain on those assets.

The undersigned affirms that information in the Personal Financial Statement and Supporting Financial information (Schedules 1 - 6) has been carefully reviewed and is true, correct, complete and in accordance with GAAP (General Accepted Accounting Principles) standards. FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL.

Signature _____

Date _____

The Office of Consumer Credit Commissioner obtains information from this form and certain third-party sources. With few exceptions, you may review and correct the information we collect. To find out more about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7622 or public.information@occc.texas.gov.



TEXAS OFFICE OF CONSUMER CREDIT COMMISSIONER

Supporting Financial Information Schedules 1 - 3

To be submitted with "Financial Statement (ADM17)"

If additional space is needed, attach a document identifying all required information noted below.

First Name

Middle Name (Full)

Last Name

As of Date:

Must match "As of" date on ADM17

Entity Name or Name of Owner/Sole Proprietor
(as identified in Application for License)

Sched. 1: Cash on Deposit

Exact Name & Mailing Address of Bank or Other Depository	Account Name Account No.	Account Type	Amount	Any Restrictions on Withdrawal

Sched. 2: Accounts, Loans, & Notes Receivable

Description	Principal Amount	Security	Term	Acquisition Date	Rate of Fin. Charge	Delinquency Rate

Sched. 3: Life Insurance

Name of Insured _____	Policy Type _____
Name of Beneficiary _____	Face Amount _____
Name of Insurance Co. _____	Cash Surrender Value _____
No. of Loans Against This Policy _____	Amt of Yearly Premium _____
	Policy Assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Insured _____	Policy Type _____
Name of Beneficiary _____	Face Amount _____
Name of Insurance Co. _____	Cash Surrender Value _____
No. of Loans Against This Policy _____	Amt of Yearly Premium _____
	Policy Assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Insured _____	Policy Type _____
Name of Beneficiary _____	Face Amount _____
Name of Insurance Co. _____	Cash Surrender Value _____
No. of Loans Against This Policy _____	Amt of Yearly Premium _____
	Policy Assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Insured _____	Policy Type _____
Name of Beneficiary _____	Face Amount _____
Name of Insurance Co. _____	Cash Surrender Value _____
No. of Loans Against This Policy _____	Amt of Yearly Premium _____
	Policy Assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Insured _____	Policy Type _____
Name of Beneficiary _____	Face Amount _____
Name of Insurance Co. _____	Cash Surrender Value _____
No. of Loans Against This Policy _____	Amt of Yearly Premium _____
	Policy Assigned? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Supporting Financial Information Schedules 4 - 6

To be submitted with "Financial Statement (ADM17)"

If additional space is needed, attach a document identifying all required information noted below.

First Name

Middle Name (Full)

Last Name

As of Date:

Must match "As of" date on ADM17

Entity Name or Name of Owner/Sole Proprietor
(as identified in Application for License)

Sched. 4: Stocks and Bonds

Description; Name of Corp; No of Shares; and Nature of Business	Location	Par Value	Original Cost (Total)	Total Value at Current Market	Publicly Traded (Y/N)	Date Last Dividend or Interest

Sched. 5: Real Estate

Description and Location	Nature of Improvement	Original Cost	Valuation Current Market	Appraisal District Valuation	Lien (Y/N)	Name on Title

Sched. 6: Loans Payable, Mortgages, and Other Debts

Exact Name and Mailing Address of Creditor	Description of Collateral	Original Principal	Payment Frequency	Payment Amount	Balance Due

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