

Nevada Division of Environmental Protection Brownfields Clean-up Revolving Loan Fund FINANCIAL STATEMENT OF OWNER / COMPANY



Statement As of:	, 20
Complete this form for:	1: Each Sole Proprietor, or
	2. A LLC, PLLC, Corporation or Other Company, and
	3: Each Limited Partner who owns 10% or more interest and
	each General Partner
All sections of this form apply to both owners, individuals	4: Each Stockholder who owns 10% or more voting stock
and companies, unless otherwise noted	5: Any person or entity providing a guaranty on the loan.

For Owners and Individuals					
First Name and Middle Initial	Last Name	Title	Percentage of Ownership		
Home Street Address	City	State & Zip Code	Home Phone Number		
Mailing Address (if different)	City	State & Zip Code	Cell Phone Number		
Business Address	City	State & Zip Code	Business Phone Number		
Date of Birth	Social Security Number:	Rent () Own Home () Number of years:			
For LLC, PLLC, Corporations, or	Other Companies				
Complete Legal Name of Company		Federal Tax ID Number	State of Registration		
DBA		Contact Name	State Business ID Number		
Contact Address	City	State and Zip Code	Title of Contact		
Email of Contact		Phone number of Contact	Fax Number of Contact		

For Owners and Individuals				
Cash on Hand and in Bank	\$	Outstanding Mortgages	\$	
Savings Accounts	\$	Outstanding Auto Loans	\$	
CDs and Money Market Accounts	\$	Outstanding Other debt	\$	
Stocks, Bonds, Mutual Funds, ETFs	\$	Delinquent Taxes	\$	
Brokerage Accounts	\$	Fines or Penalties Owed	\$	
Business Interests	\$	Total Liabilities	\$	
Real Estate Holdings	\$	Net Worth	\$	
Trusts or Estates	\$	Sources of Income		
Automobile Current Value	\$	Wages, Salaries, Tips and Commissions	\$	
Other:	\$	Investment Interests	\$	
Other:	\$	Business Interests	\$	
Total Assets:	\$ Real Estate Interests		\$	
	Ì	rs of independently audited financial		



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Section 2: Separately held CDs, and identify as a part of this statement.)	Stocks, Bonds o	or similar investments	(Use attachmen	t if Necessary. Sig	n each attachment
Name and Address of Custodian of Record	Phone Number of Custodian	Cusip or Ticker / Description	Number of Shares	Cost Basis	Market Value as of
Mutual Funds, ETFs or similar invest	ments (Use attachm	ent if Necessary. Sign each o	attachment and ic	lentify as a part of	f this statement.)
Name and address of Custodian of Record	Phone Number of Custodian	Cusip or Ticker / Descripton	Number of Shares	Cost Basis	Market Value as of

	Property A	Property B	Property C
Type of Property	•	•	
Name & Address of Title Holder			
Parcel Number			
Date Purchased			
Original Cost			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage balance			
Amount of Payment per month/year			
Status of Mortgage			



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Section 4: Life Insurance Hele	d. (Use attachment if Necessary.	Sign each attachment and ide	entify as a part of	this statement.)			
Name, Address and Phone	Policy Number	Cash surrender value	Benefi	ciaries			
number of Insurance Company							
Section 5: Other Property and amount of lien, items of payment, and ig	d Other Assets. (Describe. f delinguent, describe delinguenc	If any is pledged as security, s	tate name and ad	ldress of lien holder,			
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G. 4' (. N. 4 D LL. 4. D							
Section 6: Notes Payable to B	anks and Others (Use attack	hment if Necessary. Sign each	attachment and	identify as a part of this			
Section 6: Notes Payable to B statement.) Name and Address of Note Hold	er (s) Original	Current Payment	attachment and Frequency	How secured/Type of			
statement.)							
statement.)	er (s) Original	Current Payment		How secured/Type of			
statement.)	er (s) Original	Current Payment		How secured/Type of			
statement.)	er (s) Original	Current Payment		How secured/Type of			
statement.)	er (s) Original	Current Payment		How secured/Type of			
statement.)	er (s) Original	Current Payment		How secured/Type of			
statement.)	er (s) Original	Current Payment		How secured/Type of			
statement.)	er (s) Original	Current Payment		How secured/Type of			
Name and Address of Note Hold	er (s) Original Balance	Current Payment Amount	Frequency	How secured/Type of Collateral			
Name and Address of Note Hold Section 7: Unpaid taxes, fines	er (s) Original Balance	Current Payment Amount	Frequency	How secured/Type of Collateral			
Name and Address of Note Hold	er (s) Original Balance	Current Payment Amount	Frequency	How secured/Type of Collateral			
Name and Address of Note Hold Section 7: Unpaid taxes, fines	er (s) Original Balance	Current Payment Amount	Frequency	How secured/Type of Collateral			
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Signature

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Section 8: Credit History (Any yes		tten explanation. Sig	n each attachment	and identify as	a part of this statement.)
Have you ever filed for bankru	uptcy? [] yes	If yes, what	nat Date filed:		·
	[] no	chapter?			
Case Number and court of re	ecord:		Present Status?		
Have you ever experienced foreclo				y legal actions	[] yes [] no
Juagin	nent or criminal penal	lty? [] no		lawsuits, etc.) g against you?	
Section 9: Employment History f		(Include the last 10 y	1 0	,	ent if Necessary. Sign
	hone Number	Title / du	ties .	Years	with Company
Trume and Fragress of Employer	Tone Trumes		ties	1001	with Company
			<u> </u>		
Section 10: Checklist of documer	nts to attach.				
IRS tax returns for the l	last two years				
	·				
Credit reports from all t	three credit bureau	IS			
Bank Statements					
Companies must also si	ubmit the last three	e years of independ	ently audited fina	ancial reports	
Brokerage account state	ements				
Mortgage statements on real property owned					
Life Insurance statement					
Other Data that support any information disclosed in this document.					
Other Data that support	t any information d	lisclosed in this doc	cument.		
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Section 10: Certification and atte		falda Davolvia	Loop Fund T	"- see statemen	t made for the
I/we hereby apply for a loan with the State of Nevada Brownfields Revolving Loan Fund. These statements are made for the purpose of either obtaining a loan or guaranteeing a loan with the Nevada Brownfields Revolving Loan Fund. I/we certify we					
made no false representations in this loan application and on any related documents, that all information is true and correct as of					
the stated date(s), and that I/we did not omit any information that we have a financial interest or obligation to. The Lender is					
authorized to make inquiries and verify the data supporting my/our claim including an independent credit evaluation. A Photostat copy of this authorization may be deemed to be the equivalent of the original and may be sued as a duplicate original.					
1	Ž	•	-	•	^ -
Signature		Date		Social	Security Number

Date

Social Security Number