



Blue Wave Capital, LLC
 610 Brazos, Suite 650 • Austin, Texas 78701
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PERSONAL FINANCIAL STATEMENT

As of _____

Name	Business Phone:
Address:	Residence Phone:
City, State & Zip:	Primary Banking Relationship:
Business Name of Applicant/Borrower:	Personal tax Returns files for:

<i>ASSETS (Omit Cents)</i>	<i>LIABILITIES (Omit Cents)</i>
Cash on hand & in Banks _____	Accounts Payable _____
Savings Accounts _____	Notes Payable to Banks and Others (See Section 2) _____
IRA or Other Retirement Account _____	Installment Account (Auto) (Mo. Payments \$ _____)
Accounts & Notes Receivable _____	Installment Account (Mo. Payments \$ _____)
Life Insurance-Cash Surrender Value Only (Complete Section 8) _____	Loans on Life Insurance _____
Stock and Bonds (describe in section 3) _____	Mortgages on Real Estate (Describe in Section 4) _____
Real Estate (Describe in Section 4) _____	Unpaid Taxes (Describe in Section 6) _____
Automobile-Present Value _____	Other Liabilities (Describe in Section 7) _____
Other Personal Property (Describe in Section 5) _____	Total Liabilities _____
Other Assets (Describe in Section 5) _____	Net Worth _____
Total	Total

<i>Section 1. Source of Income</i>	<i>Contingent Liabilities</i>
Salary _____	As Endorser or Co-Maker _____
Net Investment Income _____	Legal Claims & Judgments _____
Real Estate Income _____	Provision for Federal Income Tax _____
Other Income (Describe below)* _____	Other Special Debt _____

Description of Other Income

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Are any assets pledged? No ___ Yes X Provide detail below

Employer:		
Are you a defendant in any suits or legal action?	No ___ Yes ___	If so, explain:
Have you ever taken bankruptcy?	No ___ Yes ___	If so, explain: _____
Do you have a will?	No ___ Yes ___	With whom? _____
Do you have a trust	No ___ Yes ___	With whom? _____
Number of dependants	_____	Names: _____

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

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

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

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

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

	Property A	Property B	Property C	Property D
Type of Property Residential, Commercial, raw land, etc.				
Name & Address of Title Holder				
Date Purchased				
Original Cost				
Present Market Value				
Name & Address of Mortgage Holder				
Mortgage Account Number				
Mortgage Balance				
Amount of Payment per Month/Year				
Status of Mortgage				

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 attached).

Section 7. Other Liabilities. (Describe in detail).

None

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

I authorize Blue Wave Capital, LLC and/or it's assignees 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 statements 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 U.S. Attorney General (Reference 18 USC 1001).

Signature:	Date	Social Security Number:
Signature:	Date	Social Security Number: