

PERSONAL INFORMATION FORM
(To be completed by all owners of the business)

Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Social Security # _____

If married, spouse's full name _____

Number of children, if any? _____ Current ages of children _____

YOUR WORK HISTORY

Employer	Year Started	Year Ended	Ending Position or Title

Have you or your spouse ever petitioned for bankruptcy? ___ YES ___ NO *If "Yes" please explain*

Are you or your spouse currently engaged in any litigation? ___ YES ___ NO *If "Yes" please explain*

Are your personal income taxes and real estate taxes current? ___ YES ___ NO *If "No" please explain*

The information given above is true to the best of my knowledge and belief.

Signature _____ Date _____