Applicant's Name _____

SUGGESTED FORMAT

OMB No. 3245-0017

SCHEDULE OF LIABILITIES

(Notes, Mortgages and Accounts Payable)

Date of Schedule_____

Name of Creditor	Original amount	Original date	Current balance	Current or delinquent?	Maturity date	Payment amount (Month- Year)	How Secured

_____
Signed

This form is provided for your convenience in responding to filing requirements in item 2 on the application, SBA Form 5. You may use your own form if you prefer. The information contained in this schedule is a supplement to your balance sheet and should balance to the liabilities presented on that form.

_____
Title