



**Section 9 -- Notes and Accounts due from Others** (Use attachments as necessary. Each attachment must be identified as a part of the statement, signed and dated.)

Name and Address of Payers	Loan Amount / Original Balance	Current Balance	Payment Amount	Payment Frequency	Interest Rate	Maturity Date	How Did Obligation Originate <sup>1</sup>	Collateral Security

**Section 10 -- Credit Cards/Charge Accts not listed above** (Use attachments as necessary. Each attachment must be identified as a part of the statement, signed and dated.)

Name and Address of Card Issuer/Lender	Account Number	Credit Limit	Outstanding Balance	Minimum Monthly Payment	Monthly Payment You Usually Make	Expiration/ Maturity Date	Collateral Security

I/we authorize Juneau Economic Development Council and its Southeast Alaska Revolving Loan Fund to make inquiries as necessary to verify the accuracy of the statements made and to determine my/our creditworthiness. I/we certify that the statements contained in the attachments and above are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan, equity capital, a guaranty or some other financial accommodation. I/we understand FALSE statements may result in forfeiture of benefits and possible prosecution.

Have you ever filed bankruptcy? \_\_\_\_/\_\_\_\_ Yes \_\_\_\_/\_\_\_\_ No  
 Do you have life insurance? \_\_\_\_/\_\_\_\_ Yes \_\_\_\_/\_\_\_\_ No

Do you have a will? \_\_\_\_/\_\_\_\_ Yes \_\_\_\_/\_\_\_\_ No  
 Do you have disability insurance? \_\_\_\_/\_\_\_\_ Yes \_\_\_\_/\_\_\_\_ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

<sup>1</sup> i.e. Contract sale of real estate, cash loan, partnership obligation, medical insurance claims, etc.  
 Last updated: May 21, 2001