

Date of Schedule _____

SCHEDULE OF LIABILITIES

(Notes, Mortgages and Accounts Payable)

Applicant's Name _____

| Name of Creditor | Original amount | Original date | Current balance | Current or Delinquent? | Maturity date | Payment amount (Month-Year) | How secured |
|------------------|-----------------|---------------|-----------------|------------------------|---------------|-----------------------------|-------------|
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Signed

Title

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.