RE

Underwriting form-211B PERSONAL FINANCIAL STATEMENT

Financial Statement as of:	(Date)	TYPE OF CREDIT - CHECK THE APPROPRIATE BOX						
Financial Statement as of:(Date)			☐ Individual (Provide your financial information only.) ☐ Joint, with					
APPLICAN	(Bate)	☐ Information on separate financial statement. Relationship: CO-APPLICANT						
Name:		Name:						
Street Address:		Street Address:						
City: State:	Zip Code:		City: State: Zip Code:					
Date of Birth: Social Sec	curity Number:		Date of Birth: Social Security Number:					
Home Phone: Work Phone:		Home Phone: Cell Phone:						
Employer: Address:		Employer: Address:						
Position/Title:	Long:	Position/Title: How Long:						
Dependents (Include Self):		Dependents (Include Self):						
Marital Status Unmarried*	d 🗆	Marital Status Unmarried*						
ASSETS:		T	LIABILITIES:					
Cash (Schedule 1)		\$	Notes payable to Financial Institutions (Schedule	e 6)	\$			
Securities (Schedule 2)		\$	Notes payable to Others (Schedule 6)		\$			
Life Insurance Cash Value (Schedule 3)		\$	Credit Card Accounts (Schedule 7)		\$			
Notes and Contracts Held by You (Schedule 4)		\$	Loans against Life Insurance Policies (Schedule	\$				
Real Estate: Personal Residence (Schedule 5)		\$	Installment/Auto Loans (Schedule 6)		\$			
Other Real Estate (Schedule 5)		\$	Mortgages on Personal Residence (Schedule 5)	\$				
Pension & Retirement Accounts, including IRA's		\$	Mortgages on Other Real Estate (Schedule 5)	\$				
Automobiles (Describe: Year/Make/Model)		\$	Taxes Due	\$				
		\$	Other Liabilities (Described):		\$			
Personal Property		\$		\$				
Other Assets (Describe)		\$			\$			
		\$	Tota	\$				
	Total	\$	(Total Assets Less Total Liabilities)	Net Worth	\$			
ANNUAL INCOME	Applicant	Co Applicant	DI EASE ANSWEE	EACH OU	ESTION (Yes or No)			
Salary	Applicant \$	Co-Applicant	PELASE ANSWER		Co-Applicant			
Bonuses/Commissions	\$	\$, , , , , , , , , , , , , , , , , , , ,				
Dividends/Interest	\$	\$	Are you a co-maker, Endorser, or Guarantor for any other person's debt or obligation?					
Net Real Estate Rental Income	\$	\$	Income Tax Return filed thru what date?					
Income from alimony, child support, or	<u> </u>	, T	Have you ever gone thru Bankruptcy or had a					
maintenance payments need not be entered unless you want it considered as a basis for repayment.	\$	\$	judgment against you in the last 10 years? If so, please attach explanation and dates of such actions.					
Other (list)	\$	\$	Are you a defendant in any suit or legal action?					
Total	\$	\$	Have you made a will?					
Signature	Date		Signature	Date				

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SCHEDULE 1 / CASH ON HAND AND IN BANKS														
Name of Bank or Financial Institution				Ту	pe of Account	Account Balance								
						\$								
			\$ \$											
		Total	\$											
SCHEDULE 2 / SECURITIES OWNED														
Description # Shares Par Value Description (Indicate if Listed or Unlisted) Currer														
·				, ,		,	\$							
							\$							
L						Total	\$							
SCHEDULE 3 / LIFE INSURANCE														
Insurance Company	Face Value of Policy	Cash Value of Policy Insured / Benefic			eneficiary		Loans							
	1 oney							\$						
								\$						
								\$						
SCHEDULE 4 / RECEIVABLES DUE ME (US) ON NOTES & CONTRACTS I (WE) OWN														
	SCHEDULE 47 KI	CEIVABLI	ES DUE ME (US)	I ON NOTES & CO	MIKACISI(W	E) OVIN	Monthly							
Name of Debtor	Maturity	Inte	erest Rate		Security		Monthly Payment	Balance Due						
							\$	\$						
							\$	\$						
							\$	\$						
						Total								
		SCHI	DUI F 5 / RFAI	ESTATE OWNED										
	Title in Name of	and			Current Mkt.		Monthly							
Description & Location of Property	% Owner		Date Acquired	Purchase Price	Value	Date Due	Payment	Balance Due						
							\$	\$						
							\$	\$						
							\$ \$	\$ \$						
	l			I		Total	Ψ	\$						
COHEDIN	LE 6 / NOTES PAY	ABLETOE	INANCIAL INCTI	TUTIONS/OTUER	C & AUTO/INC	FALL MENT I	CANS							
	LE 0/NOTES PATA	ABLE TO F			3 & AUTO/INS	Maturity	Monthly							
Name of Creditor			Collateral			Date	Payment	Balance Due						
								\$						
								\$ \$						
							•	\$						
		•				Total		\$						
		SCHEL	III F 7 / CREDIT	CARD ACCOUNT	rs									
				CARD ACCOUNT			Monthly	Dalamas Dan						
Name of Creditor								Balance Due						
								\$						
		\$ \$												
		\$												
	\$	\$												
This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit or the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this Statement will be relied on by the Creditor in it's decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given herein. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditors credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law 18 U.S.C. sec 1014 and may result in a fine or imprisonment or both.														
By signing below, each representative	or the Applicant de	ciares that h	ne/she has read a	nd understands th	e statement abo	ove.								
Signature:Applicar	Signature: Date: Co-Applicant													