

**INDIVIDUAL FINANCIAL STATEMENT**  
**Submitted to Prosper Portland**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date: \_\_\_\_\_

CHECK AS APPLICABLE. Applicant is applying for this loan:  
 ALONE, as only person contractually liable  
 WITH PERSON(S) AND/OR ENTITY(S) who will also be contractually liable (including anticipated and existing Guarantor(s). Fill out separate statement(s) unless most assets and liabilities are shared.

**Please indicate or provide explanation to any assets owned jointly with others or liabilities owned jointly with others. (Attach additional schedules, budgets and explanatory notes if necessary.)**

The following information for the above-named individual is dated as of \_\_\_\_\_, 20\_\_.

	ASSETS	Amounts		LIABILITIES	Amount	Mo. Pmts.
CASH	Checking Accounts		NOTES PAYABLE TO BANKS	Notes Payable to Banks (Sch. I)		
	Savings Accounts			Bank Charge Card		
	Certificates of Deposit			Other		
	Savings Bonds		ACCOUNTS & BILLS PAYABLE	Credit Cards, Revolving Accounts, Bills Payables (Sch. J)		
	Other			Alimony, Child Support, ETC.		
STOCKS & BONDS	Listed (Sched. A)		INSTALLMENT OBLIGATIONS	Other		
	Unlisted (Sch. B)			Purchase Contracts & Installment Loans (Sched. K)		
INSURANCE & PENSIONS	Cash Value Life Ins. (Sch. C)		TAX	Other		
	Profit Share – Vested			Income Tax Owing		
	Other (Such as Individual Retirement Accounts or Roth IRA Accounts)			Property Tax Owing		
TAX	Income Tax – Refund Due		INSUR. LOANS	Other Taxes Owing		
	Other Tax Refund			Owing Against Life Ins. (Sched. D)		
ACCOUNTS, CONTRACTS & NOTES RECEIVABLE	Accounts, Contracts & Notes Receivable Sch. E)		OTHER NOTES PAYABLE	Secured or Unsecured (Sch. F)		
			REAL ESTATE LOANS	Mortgages, Trust Deeds or Contracts Payable (Sched. H)		
REAL ESTATE	Real Estate (Sch. G)		OTHER LIABILITIES (describe)	1) Payable to: _____ Security: _____ Terms: _____		
PERSONAL PROPERTY	Cars: Yr    Make			2) Payable to: _____ Security: _____ Terms: _____		
	Yr    Make			3) Payable to: _____ Security: _____ Terms: _____		
	Boat: Yr    Make					
	RV : Yr    Make					
	Home Furnishings					
	Equipment					
	Other					
Other						
OTHER ASSETS	Investments in Closely Held Business					
	Patents Royalties, Etc.					
	Other					
TOTAL ASSETS		\$		TOTAL LIABILITIES	\$	
NET WORTH			(Difference between Total Assets & Total Liabilities)	\$	TOTAL MO. PAYMENTS	\$

## SCHEDULE A

Publicly Traded Stocks &amp; Bonds (i.e. traded on stock exchanges such as NYSE or NASDAQ):

Description	Owner(s)	Source of Valuation	No. of Shares	Market Price per Unit	Total Market Value
TOTAL					\$

## SCHEDULE B

Privately Held Stocks &amp; Bonds (i.e. not traded on stock exchanges):

Description	Owner(s)	Source of Valuation	No. of Shares	Market Price per Unit	Total Market Value
TOTAL					\$

## SCHEDULE C

Cash Surrender Value of Life Insurance

Owner(s) of Policy	Insured	Beneficiary	Name of Company	Face Amount	Cash Value
TOTAL					\$

## SCHEDULE D

Owing Against Life Insurance

Owed To	Person(s) Liable	Loan Amount
TOTAL		\$

## SCHEDULE E

Accounts, Contracts and Notes Receivable

Owner(s)	Due From	Address	Collateral	Maturity Date	How Payable	Loan Amount
					\$ Per	
					\$ Per	
					\$ Per	
TOTAL						\$

## SCHEDULE F

Other Notes Payable:

Payable To	Person(s) Liable	Collateral	How Payable	Loan Amount
			\$ Per	
			\$ Per	
			\$ Per	
TOTAL				\$

**SCHEDULE G**  
Real Estate Owned:

Address or Location	Description (residence, vacation home, retail, business, etc.)	Owner(s) of Record	Cost	Present Value	Monthly Income
Totals			\$	\$	\$

**SCHEDULE H**  
Owing Against Real Estate (Mortgages, Trust Deeds or Contracts to Purchase Real Estate):

Holder of Lien (Name & Address)	Person(s) Liable	Mortgages or Liens	
		Payments Monthly or Otherwise	Balance Owing
Total		\$	\$

**SCHEDULE I**  
Loans or Notes Payable to Banks

Name of Bank	Address	Collateral	Person(s) Liable	Maturity Date	How Payable	Balance Due
					\$ Per	
					\$ Per	
					\$ Per	
					\$ Per	
Total					\$	\$

**SCHEDULE J**  
Credit Cards, Revolving Accounts & Other Bills Payable

Payable To	Person(s) Liable	How Payable	Balance Due
		\$ Per	
		\$ Per	
		\$ Per	
		\$ Per	
Total		\$	\$

**SCHEDULE K**  
Installment Obligations

Payable To	Person(s) Liable	Collateral	How Payable	Balance Due
			\$ Per	
			\$ Per	
			\$ Per	
			\$ Per	
Total			\$	\$

**APPLICANT INFORMATION**

Social Security Number		Email Address		Home Phone	
Occupation		Date of Birth	Drivers License No.	Business Phone	
Name of Employer		No. of Yrs.	Salary \$	Cell Phone	
AMOUNT OF ALIMONY, CHILD SUPPORT AND MAINTENANCE PAYMENTS INCOME. Note: alimony, child support or maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.					\$
Name and Address of Payor of any Alimony, Child Support or Maintenance Payment Income Disclosed Above and Relied upon as a Source of Repayment::					
Alimony, Child Support, Separate Maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
Other Income (Pension, Social Security, etc.) Source:				\$	per mo.
Where Bank Accounts Kept: Banks/Branches					
Have you ever borrowed from PROSPER PORTLAND before? Purpose					Date

No. of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_  
 Have you made a will? \_\_\_\_\_ Name of Personal Representative: \_\_\_\_\_  
 Have you Guaranteed or Endorsed Notes of other persons? \_\_\_\_\_ Do you have any other Contingent Liabilities? \_\_\_\_\_  
 Have any Actions or Suits been filed against you, or are there any unsatisfied Judgements or Decrees entered against you, or have you been adjudged Bankrupt or made an Assignments or Creditors? \_\_\_\_\_

Name of References	Address

**CO-APPLICANT INFORMATION**

Co-Applicant's Full Name		Address			
Social Security No.	Driver's License No.	Home Phone	Birth Date		
Occupation	Name of Employer	Business Phone	No of Yrs	Salary \$	
AMOUNT OF ALIMONY, CHILD SUPPORT AND MAINTENANCE PAYMENTS INCOME. Note: alimony, child support or maintenance payment income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.					\$
Name and Address of Payor of any Alimony, Child Support or Maintenance Payment Income Disclosed Above and Relied upon as a Source of Repayment::					
Alimony, Child Support, Separate Maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
Other Income (Pension, Social Security, etc.) Source:				\$	per mo.
Where Bank Accounts Kept: Banks/Branches					
Have you ever borrowed from PROSPER PORTLAND before? Purpose					Date

No. of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_  
 Have you made a will? \_\_\_\_\_ Name of Personal Representative: \_\_\_\_\_  
 Have you Guaranteed or Endorsed Notes of other persons? \_\_\_\_\_ Do you have any other Contingent Liabilities? \_\_\_\_\_  
 Have any Actions or Suits been filed against you, or are there any unsatisfied Judgements or Decrees entered against you, or have you been adjudged Bankrupt or made an Assignments or Creditors? \_\_\_\_\_

Name of References	Address

**APPLICANT(S) HEREBY AFFIRM THAT THE INFORMATION IN THIS APPLICATION AND FINANCIAL STATEMENTS GIVEN LENDER IS TRUE, COMPLETE AND CORRECT. THE COMMISSION OR ITS ASSIGNEE, OR ANY AGENCY EMPLOYED BY THE COMMISSION OR ITS ASSIGNEE, MAY MAKE ANY INVESTIGATION CONCERNING ME OR US, AND CONCERNING THAT INFORMATION. THE COMMISSION OR ITS ASSIGNEE MAY DISCLOSE TO ANY OTHER INTERESTED PARTIES THE RESULTS OF SUCH INVESTIGATION AND/OR ITS EXPERIENCE WITH THIS ACCOUNT.**

Applicant's Signature	Date	Co-Applicant's Signature	Date

**Please print or type**

Name: \_\_\_\_\_

<b>INCOME</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
Salary	_____	_____
Salary (Spouse)	_____	_____
Business Income	_____	_____
Pension Income	_____	_____
Alimony/Child Support	_____	_____
(disclosure of this type of income is voluntary)	_____	_____
<b>TOTAL INCOME</b>	_____	_____

<b>EXPENSES</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
House Payment	_____	_____
Rent Payment	_____	_____
Rental Property	_____	_____
Credit Cards	_____	_____
Auto Payment	_____	_____
Auto Insurance	_____	_____
Utilities	_____	_____
Other Installment Debt	_____	_____
Food/Clothing	_____	_____
Medical/Dental Insurance	_____	_____
Medical/Dental Expense	_____	_____
Alimony/Child Support	_____	_____
Other _____	_____	_____
<b>TOTAL EXPENSES</b>	_____	_____

<b>DISCRETIONARY INCOME</b> (Income minus Expenses)	_____	_____
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DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_