

**NEBRASKA COLLECTION AGENCY BOARD
PERSONAL/CORPORATE FINANCIAL STATEMENT**

(This form must be completed)

A completed financial statement must be completed for the owner if for a sole proprietorship **OR** the business entity if for a partnership, corporation, or limited liability company. The information is required so that the Board can properly evaluate the applicants' ability to qualify for such license. The Board is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein to determine the qualification to secure such license.

The following is being submitted by _____ (name and title) as a true and accurate statement of financial condition of _____ (name of applicant) on _____, 20____.
(Must be no more than 6 months old)

Type of Business: Individual ___ Partnership ___ LLC ___ Corporation ___

ASSETS, LIABILITIES AND NET WORTH

ASSETS: (omit cents)

Current Assets:

Cash on hand \$ _____

Cash in Bank (Itemize)

 (a) Trust Account (Client Funds) \$ _____

 (b) Operating Account \$ _____

 (c) Other Bank Accounts \$ _____

Accounts Receivable

 a) Clients \$ _____

 b) Other \$ _____

Notes Receivable \$ _____

Other (Itemize) \$ _____

 \$ _____

 \$ _____

TOTAL CURRENT ASSETS \$ _____

Fixed Assets:

Furniture, Fixtures, etc. \$ _____

Real Estate \$ _____

Other (Itemize) \$ _____

 \$ _____

 \$ _____

TOTAL FIXED ASSETS \$ _____

TOTAL ASSETS \$ _____

LIABILITIES & NET WORTH:

Accounts Payable

 a) Clients \$ _____

 b) Other \$ _____

Taxes Payable (Itemize) \$ _____

 \$ _____

 \$ _____

 \$ _____

Real Estate Mortgages payable to: _____ \$ _____

Notes Payable to Banks

 a) Secured \$ _____

 b) Unsecured \$ _____

Notes Payable to Other - Specify: _____ \$ _____

Other Liabilities (Itemize) \$ _____
\$ _____
\$ _____
\$ _____

TOTAL LIABILITIES \$ _____

NET WORTH:

Investment/Capital Stock \$ _____
Surplus \$ _____
Retained Earnings \$ _____

TOTAL NET WORTH \$ _____

TOTAL LIABILITIES & NET WORTH \$ _____

INCOME AND OPERATING EXPENSES

Average Monthly Income (average over past 6 months) \$ _____
Average Monthly Expenses (average over past 6 months) \$ _____

ADDITIONAL INFORMATION

List the names and addresses of your financial institutions:

1. _____
2. _____
3. _____
4. _____

Please list and give a brief explanation of all Lawsuits pending or judgments entered against the applicant agency in the last 3 years (attach information if needed)

Does the applicant agency have any debts, obligations, or potential liabilities of the applicant not listed elsewhere on this application _____yes _____ no

Is the applicant an endorser, co-maker/signer or guarantor on an outstanding liability? _____ yes _____ no

Are any assets of the applicant, including stock, pledged or assigned other than those described? _____ yes _____ no

Has the applicant filed bankruptcy in the last 10 years? _____ yes _____ no

If you answered yes to any of the above questions, please attach additional pages and explain in detail, including an estimate of the liability or debt where applicable.