

Applicant's Name \_\_\_\_\_

**SUGGESTED FORMAT**

OMB No. 3245-0017

**SCHEDULE OF LIABILITIES**  
(Notes, Mortgages and Accounts Payable)

Date of Schedule \_\_\_\_\_

Name of Creditor	Original amount	Original date	Current balance	Current or delinquent?	Maturity date	Payment amount (Month- Year)	How Secured

\_\_\_\_\_  
Signed

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.

\_\_\_\_\_  
Title