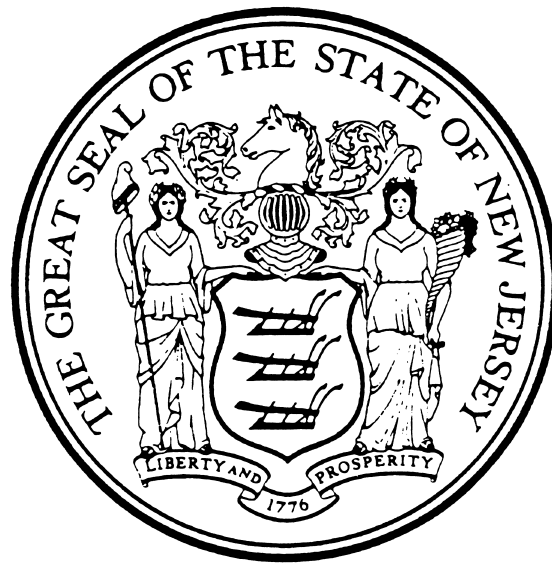


STATE OF NEW JERSEY
Division of Gaming Enforcement



PERSONAL HISTORY DISCLOSURE
RESUBMISSION FORM

Casino Qualifiers

Personal History Disclosure Resubmission Form

INSTRUCTIONS

I. COMPLETING THIS FORM:

- A. You are to complete this resubmission form if you are:
 - 1. A qualifier of a casino licensee, pursuant to *N.J.S.A.* 5:12-85.1 and 85a; or
 - 2. Directed to do so by the Division of Gaming Enforcement (Division).
- B. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to disclose in response to a particular question, write "None" in response to that question. Failure to provide a response to every question could result in the rejection of your application.
- C. All entries on this form, except initials and signatures, must be typed or printed in block lettering using dark ink. If the application is not legible, it will not be accepted. Any modification to the questions or the pre-printed information asked for in this form, will result in the rejection of your application.
- D. If you need additional space to answer any question(s), use the blank page provided on page 35 of this form. If you use this additional space, be sure to indicate the number(s) of the question(s) which you are answering.
- E. All attachments requested in this form are to be labeled with an exhibit number and attached to the back of the form.

II. BE SURE TO:

- A. Sign both the Statement of Truth and the Release Authorization forms on pages 36 and 37 in the presence of a Notary Public and have your signatures notarized.
- B. Initial each page of this form in the space provided, after you have checked your answers and are sure they are complete and correct.

III. BEFORE YOU SUBMIT THIS FORM TO THE DIVISION, BE SURE THAT:

- A. All attachments required in this form are labeled with an exhibit number and included in both the original and the photocopy.
- B. The Statement of Truth and the Release Authorization forms are notarized on the original application.

- C. Every question has been answered completely.
- D. You retain a completed copy of this form for your own records.

IV. FILING THIS FORM WITH THE DIVISION:

- A. Submit this form as an original and two photocopies and a computer disk of this form and attachments to:

New Jersey Division of Gaming Enforcement
Intake Unit
Second Floor
1300 Atlantic Avenue
Atlantic City, New Jersey 08401
Attention: Casino Licensing Filing

- B. If the photocopy of this form is not clear, the application will not be accepted.
- C. Once your Qualifier Resubmission Form is accepted, it becomes the property of the Division and may not be withdrawn without the permission of the Division.

V. DEFINITIONS:

- A. For the purpose of the questions in this form, "immediate family" shall mean spouse and any children, whether by marriage, adoption or natural relationship.

VI. IMPORTANT NOTICES:

- A. Should you be unable to understand this form fully in English, it is your responsibility to acquire adequate means of translation.
- B. All notices regarding your application will be sent to the address which you provide on this form. You must immediately notify the Division of any change of address.
- C. Pursuant to Section 86b of the Casino Control Act, failure to answer any question completely and truthfully, will result in denial of your license application.
- D. Pursuant to Section 79a(6) of the Casino Control Act, any person who applies for or is required to qualify, is subject to warrantless searches when present in a licensed casino hotel facility.
- E. Pursuant to Section 74.1 of the Casino Control Act, information supplied to the Commission and Division or otherwise obtained by either of them, is confidential and shall not be revealed, except in the course of the necessary administration of the Casino Control Act, or upon the lawful order of a court of competent jurisdiction or, with the approval of the Attorney General, to a duly-authorized law enforcement agency. Nevertheless, pursuant to Section 80b of the Casino Control Act, an applicant or person required to qualify, waives any liability of the State of New Jersey and its

instrumentalities and agents for any damages resulting from any disclosure or publication in any manner, other than a willfully unlawful disclosure or publication.

F. Pursuant to 42 U.S.C. § 405(c)(2)(C)(i), N.J.S.A. 54:50-25, 42 U.S.C. § 666(a)(13), and N.J.S.A. 2A:17-56.60, the Division of Gaming Enforcement is required to obtain your Social Security number. Pursuant to these authorities, the Division of Gaming Enforcement is also obligated to provide your Social Security number to:

1. The Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
2. The Probation Division or any other agency responsible for child-support enforcement, upon request.

Qualifier Resubmission Form

OFFICIAL USE ONLY	
1. DGE _____	2. DGE _____

PLEASE PRINT OR TYPE THE ANSWERS TO THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED:

NAME (Last, First, Middle Initial and Jr./Sr., if any) _____

DATE OF BIRTH (Month, Day, Year) _____ Height _____ Weight _____ SOCIAL SECURITY NUMBER (Mandatory¹) _____

IF YOU DO NOT HAVE A SOCIAL SECURITY NUMBER, PLEASE EXPLAIN WHY: _____

Home Telephone Number with Area Code _____ Daytime OR Work Telephone Number with Extension and Area Code _____

Cell Number with Area Code _____ E-Mail Address _____

HOME ADDRESS (Number and Street with Apartment #, if any, City, State, Zip Code) _____

MAILING ADDRESS, if different (P.O. Box, City, State, Zip Code) _____

Have you been known by any other name(s)? Yes No

If YES, list the additional name(s) below and specify dates of use for each. (Include maiden name, aliases, nicknames, or any other names).

IMPORTANT

**FAILURE TO ANSWER ANY QUESTION
ON THIS FORM COMPLETELY AND
TRUTHFULLY WILL RESULT IN
DENIAL OF YOUR APPLICATION.**

¹ In accordance with Section 7 of the Privacy Act, disclosure of your Social Security Number is mandatory. See Section VI, F., under Important Notices on Page 3 of this application.

1. Are you a citizen of the United States?

Yes No

If NO, and you are a qualifier who is submitting this resubmission form, you must attach to this form, a copy of your United States Citizen & Immigration Services (USCIS) employment authorization and/or a copy of any other USCIS document that conditions or restricts your employment, labeled as Exhibit 1. If your status has changed since your last submission, you must attach all such documents as Exhibit 1.

2. Check all appropriate areas below and fill in the appropriate blanks:

A. I am resubmitting this form in connection with:

- A casino license
- An applicant for a casino license
- An interim casino authorization application

B. I am a qualifier because I am a(n):

- Owner Stockholder
- Investor Director
- Officer Partner
- Principal Employee
- Other (Specify) _____
in the business(es) identified in Item D and/or E.

C. Name of the casino or licensee of which I am a qualifier:

D. If applicable, the name of the holding company(ies) of the licensee with which I have any positions:

RESIDENCE DATA

3. Provide the following information with respect to each place you lived since the filing of your most recent disclosure form (submission).

DATES		ADDRESS (NUMBER, STREET, APT., CITY, STATE, ZIP CODE & COUNTRY)	OWN OR RENT	NAME, ADDRESS & PHONE NUMBER OF LANDLORD OR MORTGAGE HOLDER, IF KNOWN
FROM (MONTH, YEAR)	TO (MONTH, YEAR)			

OFFICES/POSITIONS

4. List all offices, trusteeships, directorships, or fiduciary positions with any firm, corporation, association, partnership, other business entity or government agency you held since your most recent submission. Begin with the most recent and work backwards.

DATES		TITLE OF OFFICE OR POSITION HELD	NAME AND ADDRESS OF FIRM, CORPORATION, ASSOCIATION, PARTNERSHIP, OTHER BUSINESS ENTITY, OR GOVERNMENT AGENCY
FROM (MONTH, YEAR)	TO (MONTH, YEAR)		

EMPLOYMENT AND LICENSING DATA

5. In the chart below, provide the information regarding your employment since your most recent submission. Begin with your present job and work backwards. Give dates of any unemployment between jobs in proper sequence. Include all part-time and full-time employment and any military service. Note by means of an asterisk (*), any gaming-related employment (such as casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.).

DATES		NAME, MAILING ADDRESS AND PHONE NUMBER OF EMPLOYER(S)	TITLE/POSITION HELD AND DESCRIPTION OF DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
FROM (MONTH, YEAR)	TO (MONTH, YEAR)				

6. With regard to the previously-listed employments:

- a. Were you ever discharged, suspended or asked to resign from employment?

Yes No

- b. Were you ever charged with any infraction in relation to any employment which was the subject of any disciplinary action?

Yes No

If YES to either question, complete the following chart as to each such time you were discharged, suspended, asked to resign, or disciplined:

DATE	NAME AND ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	REASON FOR DISCHARGE: SUSPENSION, RESIGNATION OR DISCIPLINARY ACTION

7. Have you or your spouse made an application for or held any professional or occupational license in any state or country since your most recent submission? Include such things as alcoholic beverages, real estate broker or salesman, accountant, attorney, medical, boxing, race horse owner, race dog owner, jockey, trainer or manager, securities dealer, or any other type of professional license.

Yes No

If YES, complete the following chart:

NAME ON LICENSE	TYPE OF LICENSE	DATES		NAME AND ADDRESS OF LICENSING AGENCY	DISPOSITION OF THE APPLICATION
		FROM (MONTH/YEAR)	TO (MONTH/YEAR)		

8. Have you or your spouse had any license, permit or certification denied, suspended or revoked by a governmental agency in New Jersey or anywhere else since your most recent submission? (Do not include driver's license).

Yes No

If YES, complete the following chart:

TYPE OF LICENSE, PERMIT OR CERTIFICATE	NAME AND ADDRESS OF GOVERNMENTAL AGENCY	DATE OF DENIAL, SUSPENSION OR REVOCATION	REASON(S) FOR DENIAL, SUSPENSION OR REVOCATION

9. Has any entity in which you were or your spouse was a director, officer, partner, or an owner of a 5% or greater interest, had any license, permit or certification issued by a governmental agency in New Jersey or anywhere else denied, suspended or revoked since your most recent submission?

Yes No

If YES, complete the following chart as to each denial, suspension or revocation:

NAME OF ENTITY	POSITION HELD BY YOU OR YOUR SPOUSE	TYPE OF LICENSE, PERMIT OR CERTIFICATE	TYPE OF ACTION TAKEN	NAME AND ADDRESS OF GOVERNMENTAL AGENCY TAKING ACTION	DATE OF ACTION	REASON FOR ACTION(S)

10. Have you acquired an ownership interest in any business(es) since your most recent submission? (Do **not** include publicly-traded corporations in which you owned stock).

Yes No

If YES, beginning with the most recent and working backwards, provide the following information with regard to these business interests:

DATES		NAME(S) AND ADDRESS(ES) OF BUSINESS(ES)	CURRENT STATUS OF BUSINESS(ES)	% INTEREST HELD BY YOU	NAME(S) OF OTHER OWNER(S)	ADDRESS(ES) OF OTHER OWNER(S)
FROM (MONTH, YEAR)	TO (MONTH, YEAR)					

11. Have you applied in any jurisdiction for a license, permit or other authorization to participate in a lawful gambling operation (including casino gaming, horse racing, dog racing, pari-mutuel operation, lottery, sports betting, etc.), since your most recent submission?

Yes No

If YES, complete the following chart:

TYPE OF GAMBLING APPROVAL	POSITION SOUGHT OR HELD	DATE OF APPLICATION	NAME AND ADDRESS OF LICENSING AGENCY (INCLUDING COUNTRY, STATE, COUNTY, OR MUNICIPALITY)	DISPOSITION (GRANTED, DENIED OR PENDING)	IF ISSUED, GIVE APPROPRIATE NUMBER(S)

The next question asks about any arrests, charges or offenses you may have committed. Prior to answering this question, carefully review the definitions and instructions which follow.

DEFINITIONS: For purposes of this question:

- A. "Arrest" includes any detaining, holding, or taking into custody by any police or other law enforcement authorities to answer for the alleged performance of any offense.
- B. "Charge" includes any indictment, complaint, information, summons, or other notice of the alleged commission of any "offense."
- C. "Offense" includes all felonies, crimes, high misdemeanors, misdemeanors, disorderly persons offenses, petty disorderly offenses, driving while intoxicated/impaired motor vehicle offenses, and violations of probation or any other court order. Juvenile offenses that occurred within the most recent 10-year period are also included within the definition of "offenses."

INSTRUCTIONS:

- A. Answer "Yes" and provide all information to the best of your ability, EVEN IF:
 - 1. You did not commit the offense charged;
 - 2. The charges were dismissed or subsequently downgraded to a lesser charge;
 - 3. You completed a Pretrial Intervention (PTI) or equivalent diversionary program in other jurisdictions;
 - 4. You were not convicted;
 - 5. You did not serve any time in prison or jail; or
 - 6. The charges or offenses happened a long time ago.
- B. Answer "No" if:
 - 1. You have never been arrested or charged with any crime or offense; or
 - 2. Any records relating to a charge, an arrest or conviction, have been expunged or otherwise officially sealed by a court or government agency.

12. Have you or has any member of your immediate family (as defined on page 2), been arrested or charged with any crime or offense in New Jersey or any other jurisdiction since your most recent submission?

Yes No

If YES, complete the following chart:

NAME OF PERSON	RELATIONSHIP	NATURE OF CHARGE OR OFFENSE/LOCATION OF WHERE INCIDENT OCCURRED	DATE OF CHARGE OR OFFENSE	NAME AND ADDRESS OF LAW ENFORCEMENT AGENCY OR COURT INVOLVED	DISPOSITION (CONVICTED,ACQUITTED, DISMISSED, PENDING, PARDONED, ETC.)	SENTENCE

13. Have you been named as an unindicted party or co-conspirator in any criminal proceeding in the State of New Jersey, or anywhere else since your most recent submission?

Yes No

If YES, complete the following chart:

NAME AND ADDRESS OF GOVERNMENTAL AGENCY INVOLVED	NATURE OF PROCEEDING	DATE

14. Have you been called to testify before, been the subject of an investigation conducted by, or requested to take a polygraph exam by any governmental agency, court, committee, grand jury, or investigatory body (municipal, state, county, province, federal, national, etc.), or held as a material witness, other than in response to a traffic summons since your most recent submission?

Yes No

If YES, complete the following chart:

NAME AND ADDRESS OF COURT OR OTHER AGENCY	NATURE OF PROCEEDINGS OR INVESTIGATION	WAS TESTIMONY GIVEN?	DATE ON WHICH TESTIMONY WAS GIVEN	APPROXIMATE TIME PERIOD OF INVESTIGATION

15. Have you been a party to a lawsuit since your most recent submission? (Include matrimonial matters, personal injury matters, auto accident matters, contract matters, collection matters, debt matters, etc.)

Yes No

If YES, complete the following chart:

DATE FILED	NAME AND ADDRESS OF COURT	DOCKET NUMBER	OTHER PARTIES TO SUIT	NATURE OF SUIT	DISPOSITION	DATE OF DISPOSITION

16. Have you been cited or charged with, or formally accused of, any violation of a statute, regulation or code of any state, county, municipal, federal, or national government, other than a criminal, disorderly persons, petty disorderly persons, or motor vehicle violation, since your most recent submission?

Yes No

If YES, complete the following chart:

GOVERNMENTAL AGENCY	NATURE OF CHARGE	DATE	DISPOSITION

17. State when you filed your last Federal Income Tax Return and any and all State Income Tax Returns; to what IRS Center and State Center it was sent and the tax period it covered:

Date Filed: _____

Period Covered: _____

IRS/State Office Location: _____

Attach to the back of this form and label as Exhibit 17, a copy of each IRS and State Form, with any amendments, and all appropriate schedules, filed by you since the submission of your most recent disclosure form. If you and your spouse filed separate tax returns for any such year, also attach a copy of your spouse's tax return.

18. Please certify, under penalty of perjury, the following:

a. Do you currently have a child support obligation? Yes No

(1) If "Yes," are you in arrears in payment of said obligation? Yes No

(2) If "Yes," does the arrearage relate to a period longer than six months? Yes No

b. Have you failed to provide any court-ordered health insurance coverage? Yes No

c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No

d. Are you the subject of a child-support-related arrest warrant? Yes No

An answer of "Yes" to any of the questions a through d above shall, in accordance with N.J.S.A. 5:12-86i, require you to provide proof to the director's satisfaction of payment or arrangement to pay any such debts prior to licensure.

In accordance with N.J.S.A. 2A:17-56.44(d), any false certification of the above may subject you to contempt of court and a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

By initialing here _____, I acknowledge the terms of the above provisions.

19. Have you personally been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law, since your most recent submission?

Yes No

If YES, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF TRUSTEE

20. Has any business entity in which you held a 5% or greater ownership interest (other than ownership of stock in a publicly-traded corporation) or in which you served as an officer or director, been adjudicated bankrupt or filed a petition for any type of bankruptcy or insolvency under any bankruptcy or insolvency law, since your most recent submission?

Yes No

If YES, complete the following chart:

DATE FILED	DOCKET NUMBER	NAME AND ADDRESS OF COURT	NAME AND ADDRESS OF FILING PARTY	NAME AND ADDRESS OF TRUSTEE

21. Since your most recent submission, have you or has any member of your immediate family, given or received any gift or gifts, whether tangible or intangible, which either individually or in the aggregate, exceeded \$10,000 in value in any one year period?

Yes No

If YES, complete the following chart:

NAME OF THE DONOR OR DONEE	DATE GIFT GIVEN/RECEIVED	DESCRIPTION OF GIFT	APPROXIMATE VALUE

22. Since your most recent submission, have you received any referral or finder's fee in excess of \$10,000?

Yes No

If YES, complete the following chart:

NAME AND ADDRESS OF ALL PARTIES INVOLVED	NATURE OF GOODS OR SERVICES PROVIDED	AMOUNT RECEIVED	DATE RECEIVED

23. Since your most recent submission, have you held a 5% or greater interest in, or been a director, officer or principal employee of any entity that:

a. Has made (either itself or through third parties acting for it), bribes or kickbacks to any government official, domestic or foreign, to obtain favorable treatment, or to any company, employee or organization to obtain a competitive advantage?

Yes No

b. Has held a foreign bank account or has had authority to control disbursements from a foreign bank account?

Yes No

c. Has maintained a bank account or other account, whether domestic or foreign, which was not reflected on the books or records of the business?

Yes No

d. Has maintained a domestic or foreign-numbered bank account or other bank account in a name other than the name of the business?

Yes No

e. Has donated or loaned corporate funds or corporate property for the use or benefit of, or for the purpose of opposing, any government, political party, candidate or committee, either domestic or foreign?

Yes No

f. Has compensated any of its directors, officers or employees for time and expenses incurred in performing services for the benefit of or in opposing any government or political party, either domestic or foreign?

Yes No

g. Has made any loans, donations or other disbursements to its directors, officers or employees, for the purpose of making political contributions or reimbursing such individuals for political contributions?

Yes No

24.

a. Do you have any bank accounts or safe deposit boxes in your name?

Yes No

b. Do you have access to the funds in any other bank accounts or safe deposit boxes?

Yes No

If YES to either question, complete the following chart:

NAME AND ADDRESS OF BANK	NAME(S) IN WHICH ACCOUNT(S) OR SAFE DEPOSIT BOX(ES) HELD	TYPE OF ACCOUNT (SAVINGS, CHECKING, SAFE DEPOSIT, ETC.)	ACCOUNT NUMBER OR SAFE DEPOSIT BOX NUMBER

NET WORTH STATEMENT – ASSETS AND LIABILITIES

Note: Complete the financial statements on pages 20 through 34 and copy the totals in the appropriate space below.

25. Please list all assets, tangible and intangible, in which a direct or indirect interest is held by you, your spouse or your dependent children. For each line item, list both the cost of the asset and the present market values as of the date of this statement, unless this cannot reasonably be done, in which case any special valuation date should be noted in the column provided. Detail each line entry on the appropriate schedule.

26. Please list all liabilities of you, your spouse and your dependent children. Enter the amount as of the date of this statement. Detail each line entry on the appropriate schedule.

ASSET	COST AT DATE ACQUIRED OR PURCHASED (A)	CURRENT MARKET VALUE (B)	SPECIAL VALUATION DATE, IF ANY	LIABILITY	ORIGINAL AMOUNT OF LIABILITY (C)	AMOUNT OUTSTANDING (D)
1. Cash a) On Hand		a)		10. Notes Payable (Schedule I)		
b) In Bank (Schedule A)		b)		11. Loans and Other Payables (Schedule J)		
2. Notes & Loans Receivables (Schedule B)				12. Taxes Payable (Schedule K)		
3. Securities (Schedule C)				13. Mortgages or Liens on Real Estate (Schedule L)		
4. Real Estate Interests (Schedule D)				14. Loans against Insurance/Pensions (Schedule M)		
5. Cash Value Life insurance (Schedule E)				15. Other Indebtedness (Schedule N)		
6. Cash Value Pension/Retirement Funds (Schedule F)				TOTAL LIABILITIES		
7. Furniture and Clothing (Reasonable Estimate)				NET WORTH		
8. Vehicles (Schedule G)				Total Assets		
9. Other (Schedule H)				(Column B Less Column D)		
TOTAL ASSETS				16. Contingent Liabilities (Schedule O)		

Date of Statement: _____

Please provide the name, address and phone number of the person completing this statement, if it is completed by someone other than you.

Name: _____

Address: _____

Phone: _____

SCHEDULE "A" - CASH IN BANK

27. List below all bank accounts (checking, savings, time deposits, certificates of deposit, money market funds, etc.), domestic and foreign, maintained by you, your spouse or dependent children. Identify with an asterisk (*), any check writing accounts held with brokerage houses, insurance companies, etc.

NAME AND ADDRESS OF INSTITUTION	NAME OF PERSON(S) APPEARING ON ACCOUNT	ACCOUNT NUMBER	INTEREST RATE (%)	GENERAL NATURE OF ACCOUNT	DATE OF BALANCE	BALANCE
						<p>\$ _____</p> <p>TOTAL CURRENT BALANCE</p> <p>(Enter this figure in Item 1b, Column B, on page 20).</p>

SCHEDULE "B" – NOTES AND LOANS RECEIVABLES

28. List below all Notes Receivables held by you, your spouse or dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	INTEREST RATE (%)	ORIGINAL LOAN AMOUNT	ORIGINAL DATE OF LOAN	TOTAL PAYMENTS	DUE DATE	NATURE OF SECURITY, IF ANY. INDICATE IF UNSECURED	CURRENT BALANCE
			\$ _____ TOTAL ORIGINAL BALANCE (Enter this figure in Item 2, Column A, on page 20).					\$ _____ TOTAL CURRENT BALANCE (Enter this figure in Item 2, Column B, on page 20).

SCHEDULE "C" – SECURITIES

29. Provide the information in the table below, for all stocks, bonds, mutual funds, commodity accounts, options, warrants, etc., held or controlled by you, your spouse or dependent children. Whenever interest exists through a mutual fund or holding company, the individual stocks or bonds held by such mutual fund or holding company need not be listed; whenever such interest exists through a beneficial interest in a trust, the securities held in such trust shall be listed if you, your spouse or dependent children have knowledge of what securities are so held. INDICATE PUBLICLY-TRADED SECURITIES BY AN ASTERISK (*).

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILDREN	NUMBER OF SECURITIES OR CONTRACTS HELD	TYPE OF SECURITY	NAME OF ISSUING COMPANY OR GOVERNMENT AGENCY	MARKET VALUE AT TIME OF ACQUISITION	DATE OF AND PRICE AT PURCHASE	% OF OWNERSHIP, IF GREATER THAN 5%	REGISTERED OWNER	DATE OF VALUATION	CURRENT MARKET VALUE
					\$ _____ TOTAL PURCHASE BALANCE (Enter this figure in Item 3, Column A, on page 20).				\$ _____ TOTAL CURRENT MARKET VALUE (Enter this figure in Item 3, Column B, on page 20).

SCHEDULE "D" - REAL ESTATE INTERESTS

30. Indicate below, the location, size, general nature, acquisition date, and other information requested, regarding any real property in which any direct, indirect, vested, or contingent interest is held by you, your spouse or dependent children, along with the names of all individuals or entities who share a direct, indirect, vested, or contingent interest therein.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	LOCATION	LOT SIZE/ SQUARE FOOTAGE OF BUILDING	TYPE OF PROPERTY	DATE ACQUIRED	INDIVIDUALS OR ENTITIES SHARING INTEREST (INCLUDE % OF OWNERSHIP FOR EACH)	PURCHASE PRICE OF % OWNED	MONTHLY RENTAL INCOME, IF ANY	ESTIMATED MARKET VALUE OF % OWNED
						\$ _____ TOTAL PURCHASE PRICE (Enter this figure in Item 4, Column A, on page 20).		\$ _____ TOTAL CURRENT MARKET VALUE (Enter this figure in Item 4, Column B, on page 20).

SCHEDULE "E" - CASH VALUE - LIFE INSURANCE

31. Indicate below the information requested with regard to the cash value of all life insurance policies held by you, your spouse or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	DATE PURCHASED	INSURANCE CARRIER	POLICY NUMBER	BENEFICIARIES	FACE VALUE	ANNUAL PREMIUM PAYMENTS	CASH SURRENDER VALUE
							\$ _____ TOTAL CASH SURRENDER VALUE (Enter this figure in Item 5, Column B, on page 20).

SCHEDULE "F" - CASH VALUE - PENSION/RETIREMENT FUNDS

32. Indicate below the information requested with regard to the cash value of all pension funds held by you or your spouse. Include IRA, 401K and KEOGH plans.

CHECK IF HELD BY SPOUSE	TYPE OF FUND	TYPE OF SECURITIES HELD	EMPLOYER/INSTITUTION	ACCOUNT NUMBER, IF ANY	CUMULATIVE EMPLOYEE CONTRIBUTION	CUMULATIVE EMPLOYER CONTRIBUTION	CURRENT CASH VALUE
					\$ _____ TOTAL CUMULATIVE EMPLOYEE CONTRIBUTION (Enter this figure in Item 6, Column A, on page 20).		\$ _____ TOTAL CURRENT CASH VALUE (Enter this figure in Item 6, Column B, on page 20).

SCHEDULE "G" - VEHICLES

33. Indicate below the information requested with regard to all vehicles owned or leased by you, your spouse or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TYPE OF VEHICLE	SPECIFY IF OWNED OR LEASED ²	DATE OF PURCHASE/LEASE	MODEL YEAR	MAKE/MODEL OF VEHICLE	COST ³	IF OWNED, CURRENT MARKET VALUE
						\$ _____ TOTAL COST(S) OF VEHICLES (Enter this figure in Item 8, Column A, on page 20).	\$ _____ TOTAL CURRENT MARKET VALUE (Enter this figure in Item 8, Column B, on page 20).

² If leased, specify in this column the length of the lease, total lease costs, down payments, monthly payments, and number of payments over the life of the lease.

³ If leased, enter the sum of the down payment, plus monthly payments to date as the total cost.

SCHEDULE "H" - OTHER ASSETS

34. List below the information requested with regard to all other assets held by you, your spouse or your dependent children. Include such things as sole proprietorships, partnership interests, joint ventures, art collections, coin collections, antiques, etc.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NATURE OF ASSET	DATE OF ACQUISITION	COST	% OF OWNERSHIP INTEREST	DATE OF VALUATION	CURRENT MARKET VALUE
			\$ _____ TOTAL COST(S) OF OTHER ASSETS (Enter this figure in Item 9, Column A, on page 20).			\$ _____ TOTAL CURRENT MARKET VALUE OF OTHER ASSETS (Enter this figure in Item 9, Column B, on page 20).

SCHEDULE "I" - NOTES PAYABLE

35. List below the information requested with regard to all notes payable for which you, your spouse or dependent children are obligated.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE INCURRED	DUE DATE	INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	ORIGINAL AMOUNT OF NOTE	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	OUTSTANDING AMOUNT OF LIABILITY
							\$ _____ TOTAL ORIGINAL AMOUNT OF NOTES PAYABLE (Enter this figure in Item 10, Column A, on page 20).			\$ _____ TOTAL AMOUNT OF OUTSTANDING NOTES PAYABLE (Enter this figure in Item 10, Column B, on page 20).

SCHEDULE "J" - LOANS AND OTHER PAYABLES

36. List below the information requested with regard to all accounts payable (include lines of credit, installment loans, revolving charge accounts, and any other account(s) for which you, your spouse or your dependent children are obligated.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	ACCOUNT NUMBER, IF ANY	DATE OPENED OR INCURRED	DUE DATE	INTEREST RATE (%)	NATURE OF ACCOUNT	ORIGINAL AMOUNT OF LIABILITY	NATURE OF SECURITY, IF ANY	TOTAL PAYMENTS	CURRENT AMOUNT OUTSTANDING
							\$ _____ TOTAL ORIGINAL AMOUNT OF LIABILITY (Enter this figure in Item 11, Column C, on page 20).			\$ _____ TOTAL AMOUNT OF OUTSTANDING LOANS AND OTHER PAYABLES (Enter this figure in Item 11, Column D, on page 20).

SCHEDULE "K" - TAXES PAYABLE

37. List below the information requested with regard to all taxes payable for which you, your spouse or your dependent children are obligated. Only real estate and income taxes need to be included.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	TAXING AUTHORITY	NATURE OF TAX	DATE AND AMOUNT OF ORIGINAL OBLIGATION	FINES, PENALTIES AND INTEREST, IF ANY	TOTAL AMOUNT DUE	
			\$ _____ TOTAL ORIGINAL TAX OBLIGATION(S) (Enter this figure in Item 12, Column C, on page 20).			\$ _____ TOTAL AMOUNT OF TAXES PAYABLE (Enter this figure in Item 12, Column D, on page 20).

SCHEDULE "L" – MORTGAGES OR LIENS PAYABLE ON REAL ESTATE

38. List below the information requested with regard to all mortgages or liens payable on real estate for which you, your spouse or your dependent children are obligated.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF MORTGAGEE OR LIEN HOLDER	ACCOUNT NUMBER	DATE INCURRED	ORIGINAL AMOUNT OF LIABILITY	DESCRIPTION/ ADDRESS OF REAL ESTATE	TERM OF MORTGAGE/ INTEREST RATE (%)	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	CURRENT MORTGAGE BALANCE
				\$ _____ TOTAL ORIGINAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in Item 13, Column C, on page 20).				\$ _____ TOTAL MORTGAGES OR LIENS PAYABLE ON REAL ESTATE (Enter this figure in Item 13, Column D, on page 20).

SCHEDULE "M" - LOANS AGAINST INSURANCE/PENSION PLANS

39. List below the information requested with regard to all loans against life insurance policies, pension plans, 401K plans, etc., taken by you, your spouse or your dependent children.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	INSURANCE CARRIER/PENSION PLAN	PURPOSE OF LOAN	ORIGINAL AMOUNT OF LOAN	INTEREST RATE (%)	DATE OF LOAN	PERIODIC PAYMENT AMOUNT/ PAY PERIOD	CURRENT LOAN BALANCE
			\$ _____ TOTAL ORIGINAL LIABILITY INSURANCE/PENSION LOANS (Enter this figure in Item 14, Column C, on page 20).				\$ _____ TOTAL AMOUNT OUTSTANDING INSURANCE/PENSION LOANS (Enter this figure in Item 14, Column D, on page 20).

SCHEDULE "N" – ANY OTHER INDEBTEDNESS

40. List below the information requested with regard to any other indebtedness for which you, your spouse or your dependent children are obligated.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CREDITOR	INTEREST RATE (%)	DESCRIPTION OF LIABILITY, TYPE OF OBLIGATION AND NATURE OF SECURITY, IF ANY	DUE DATE	AMOUNT OF PERIODIC PAYMENT/ PAY PERIOD	ORIGINAL AMOUNT OF LIABILITY	OUTSTANDING AMOUNT OF INDEBTEDNESS
						\$ _____ TOTAL ORIGINAL AMOUNT OTHER INDEBTEDNESS (Enter this figure in Item 15, Column C, on page 20).	\$ _____ TOTAL AMOUNT OUTSTANDING OTHER INDEBTEDNESS (Enter this figure in Item 15, Column D, on page 20).

SCHEDULE "O" - CONTINGENT LIABILITIES

41. List below the information requested with regard to all contingent liabilities for which you, your spouse or your dependent children are obligated.

CHECK IF HELD BY SPOUSE OR DEPENDENT CHILD	NAME AND ADDRESS OF CONTINGENT CREDITOR	DATE INCURRED	ACCOUNT NUMBER	PRIMARY DEBTOR	DESCRIPTION OF OBLIGATION, INCLUDING NATURE OF SECURITY, IF ANY	ORIGINAL AMOUNT OF CONTINGENT OBLIGATION	CURRENT AMOUNT OF CONTINGENT OBLIGATION
						\$ _____ TOTAL ORIGINAL CONTINGENT LIABILITIES (Enter this figure in Item 16, Column C, on page 20).	\$ _____ TOTAL AMOUNT OF OUTSTANDING CONTINGENT LIABILITIES (Enter this figure in Item 16, Column D, on page 20).

42. As indicated in the instructions on page 1 of this form, this page is to be used by you for any questions which require additional space to answer. The number of the question must be stated immediately prior to your answer. If additional pages are needed, photocopy this page or add paper of similar size and identify these pages with corresponding numbers and letters. **Be sure to include your initials at the bottom of any new page added.**

IDENTIFY ALL ANSWERS BY ORIGINAL QUESTION NUMBERS.

STATEMENT OF TRUTH

STATE OF _____:

SS:

COUNTY OF _____:

I, _____, being duly sworn according to law, on my oath, deposes and says:
(Print Name)

1. I am the applicant who is submitting this application form.
2. I personally supplied the information contained in this form.
3. I understand and read the English language, or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

(Date)

_____ (Legal Signature)
(Signature of Applicant)

Subscribed and sworn to before me

this _____ day of _____, 20__.

(Notary Public)

(State)

