

Appendix IX-2(b)

**INDIVIDUAL(S) INFORMATION AND FINANCIAL STATEMENT**

Note: If additional space is required, please use additional sheets

Case Number: \_\_\_\_\_ Vessel Name: \_\_\_\_\_ Official No.: \_\_\_\_\_

**IDENTIFICATION DATA**

**APPLICANT IDENTIFICATION DATA**

Name (Last, First, Middle): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Social Security Number<sup>1</sup>: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth (Mo/D/Yr): \_\_\_\_\_ Home Phone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

**SPOUSE IDENTIFICATION DATA**

Name (Last, First, Middle): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth (Mo/D/Yr): \_\_\_\_\_ Home Phone Number: (     ) \_\_\_\_\_ - \_\_\_\_\_

**With knowledge of the penalties for false or incomplete statements as provided by 18 U.S.C. 1001, \$10,000 fine and/or five years imprisonment, I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.**

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Spouse Signature

Date: \_\_\_\_\_, 20\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

<sup>1</sup> Pursuant to Title 31 U.S.C. 7701(c), NOAA GCEL is required to obtain your taxpayer identification number/social security number. Provision of this information is mandatory. This information will be used primarily for evaluation of the financial condition of the applicant.

Case Number: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

**EMPLOYMENT DATA**

APPLICANT EMPLOYMENT DATA

Present Occupation: \_\_\_\_\_ Employment Dates - From: \_\_\_\_\_ To: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Other Employment (within past three years): Employment Dates - From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Attach additional sheets, if necessary.

SPOUSE EMPLOYMENT DATA

Present Occupation: \_\_\_\_\_ Employment Dates - From: \_\_\_\_\_ To: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Other Employment (within past three years): Employment Dates - From: \_\_\_\_\_ To: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Attach additional sheets, if necessary.

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\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Spouse Signature

Date: \_\_\_\_\_, 20\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

CASE NUMBER: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

**MONTHLY SOURCES OF INCOME (attach additional sheets, if necessary)**

	<u>APPLICANT</u>	<u>SPOUSE</u>
Salary/Wages	\$ _____	\$ _____
Bonus/Commissions	_____	_____
Unemployment	_____	_____
Dividends/Interest	_____	_____
Real Estate Income	_____	_____
Lease/Rental Income (non-real estate)	_____	_____
All Other Income (itemize - include partnerships, social security income, disability payments, alimony payments received, and any other sources of income)	_____ _____ _____	_____ _____ _____
TOTAL	\$ _____	\$ _____

**MONTHLY EXPENSES**

(attach additional sheets, if necessary)

Rent/Mortgage	\$ _____	Food	\$ _____
Telephone	_____	Electric	_____
Water/Sewer	_____	Loan monthly pmts	_____
Car Payment	_____	Credit card monthly pmts	_____
Personal Insurance (if paid personally)	_____		
Other monthly expenses	_____ _____ _____		

TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_

Other Periodic Obligations: \_\_\_\_\_  
\_\_\_\_\_

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Respondent Signature

\_\_\_\_\_  
Spouse Signature

Date: \_\_\_\_\_, 20\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

CASE NUMBER: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

**PERSONAL FINANCIAL STATEMENT** (attach additional sheets, if necessary)

**ASSETS:** (list market value, unless otherwise specified)

Cash on hand: \$ \_\_\_\_\_ Cash in checking and savings accounts (Schedule A): \_\_\_\_\_

Certificates of deposit: \_\_\_\_\_ Life insurance/cash value: \_\_\_\_\_

Accounts and notes Receivable: \_\_\_\_\_ Real Estate owned (Schedule C): \_\_\_\_\_

Fishing vessels (Schedule E): \_\_\_\_\_ Automobiles (Schedule G): \_\_\_\_\_

Securities (such as stocks, bonds, mutual funds - Schedule D): \_\_\_\_\_

Retirement account(s) (other than those listed in Schedule D): \_\_\_\_\_

Other assets (w/market value in excess of \$1,000 – itemize): \_\_\_\_\_

Assets currently held by others: \_\_\_\_\_

**TOTAL ASSETS: \$** \_\_\_\_\_

**LIABILITIES:**

Fishing vessels (Schedule E): \_\_\_\_\_

Loans (including credit card debt - Schedule F): \_\_\_\_\_

Accounts and bills payable (Schedule F): \_\_\_\_\_

Mortgages on real estate owned (Schedule C): \_\_\_\_\_

Loans secured by automobiles (Schedule G): \_\_\_\_\_

Accrued interest and taxes: \_\_\_\_\_

Other debts (itemize): \_\_\_\_\_

**TOTAL LIABILITIES: \$** \_\_\_\_\_

**NET WORTH (Total Assets – Total Liabilities) : \$** \_\_\_\_\_

**CONTINGENT LIABILITIES:**

As guarantor or co-maker: \_\_\_\_\_

Leases or contracts: \_\_\_\_\_

Legal Claims: \_\_\_\_\_

**TOTAL LIABILITIES: \$** \_\_\_\_\_

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\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Spouse Signature

Date: \_\_\_\_\_, 20\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

CASE NUMBER: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

**GENERAL INFORMATION**

- 1. Are you a defendant in any suits or legal action? \_\_\_\_\_ Location/Case # \_\_\_\_\_
- 2. Have you ever declared bankruptcy? \_\_\_\_\_ Location of filing: \_\_\_\_\_ date: \_\_\_\_\_
- 3. Sale(s) or transfer (s) of assets with market value greater than \$5,000 within the past five years? \_\_\_\_\_  
 Purchaser's name: \_\_\_\_\_ date: \_\_\_\_\_  
 Item(s) sold or transferred: \_\_\_\_\_

**SCHEDULE A: Banking Relations** (list all bank accounts, including savings and loans; attach additional sheets, if necessary)

**Name and Address of Bank** \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
 Average Balance: \_\_\_\_\_ High Balance in past six months: \_\_\_\_\_

**Name and Address of Bank** \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
 Average Balance: \_\_\_\_\_ High Balance in past six months: \_\_\_\_\_

**Name and Address of Bank** \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_  
 Average Balance: \_\_\_\_\_ High Balance in past six months: \_\_\_\_\_

**SCHEDULE B: Accounts and Notes Receivable** (Attach additional sheets, if necessary)

**Due from:** \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Collateral (higher of cost or market value): \_\_\_\_\_ Due date/Maturity date: \_\_\_\_\_  
 Monthly Payment: \_\_\_\_\_ Balance due: \_\_\_\_\_  
 Is there documentation (e.g. note)? \_\_\_\_\_

**Due from:** \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
 Collateral (higher of cost or market value): \_\_\_\_\_ Due date/Maturity date: \_\_\_\_\_  
 Monthly Payment: \_\_\_\_\_ Balance due: \_\_\_\_\_  
 Is there documentation (e.g. note)? \_\_\_\_\_

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\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Spouse Signature

Date: \_\_\_\_\_, 20\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

CASE NUMBER: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

**SCHEDULE C: Real Estate Owned** (attach additional sheets, if necessary)

Property Description: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Year Acquired: \_\_\_\_\_ Original Cost: \_\_\_\_\_

Market Value: \_\_\_\_\_ Tax Assessment: \_\_\_\_\_

Original Mortgage Amount: \_\_\_\_\_ Balance: \_\_\_\_\_

Name of Mortgage holder: \_\_\_\_\_ Loan Account #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**SCHEDULE D: Stocks/Bonds/Mutual Funds Owned** – attach schedule of all securities, including IRA and other assets

Name and Type: \_\_\_\_\_ Year purchased: \_\_\_\_\_

In the name of: \_\_\_\_\_ Number of Shares: \_\_\_\_\_

Market value per share \_\_\_\_\_ Total Market Value: \_\_\_\_\_

Name of Stockbroker(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Account Numbers: \_\_\_\_\_

**SCHEDULE E: Fishing Vessels** (attach additional sheets, if necessary)

Name: \_\_\_\_\_ Size: \_\_\_\_\_ Year Built: \_\_\_\_\_

Ownership in the name of: \_\_\_\_\_ Original Cost: \_\_\_\_\_

Market Value: \_\_\_\_\_ Mortgage Outstanding: \_\_\_\_\_ Your % Ownership: \_\_\_\_\_

Mth/Qtr Repay: \_\_\_\_\_ Insured Value: \_\_\_\_\_

**SCHEDULE F: Loans/Bills Payable** (include SBA and government loans - Attach additional sheets if necessary.)

Name of Company: \_\_\_\_\_ Original Amount: \_\_\_\_\_

Type: \_\_\_\_\_ Account Number: \_\_\_\_\_

Monthly Payments: \_\_\_\_\_ Balance Owed: \_\_\_\_\_ Maturity date: \_\_\_\_\_

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\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Spouse Signature

Date: \_\_\_\_\_, 20\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

CASE NUMBER: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

**SCHEDULE G: Motor Vehicles**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Cost/Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**FEDERAL INCOME TAX INFORMATION** – (Attach Copies)

1. For what period did you last file an income tax return? \_\_\_\_\_

2. Where was it filed? \_\_\_\_\_

3. Amount of gross income reported: \_\_\_\_\_

Year	Total Income	Taxable Income	Tax Paid
20____	_____	_____	_____
20____	_____	_____	_____
20____	_____	_____	_____

\* Attach complete copies of your last three federal income tax returns. If you do not have copies to submit, complete and sign the enclosed form 4506, "Request for copy of Tax Form."

With knowledge of the penalties for false or incomplete statements as provided by 18 U.S.C. 1001, \$10,000 fine and/or five years imprisonment, I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Respondent Signature

\_\_\_\_\_  
Spouse Signature

Date: \_\_\_\_\_, 20\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_

CASE NUMBER: \_\_\_\_\_ OFFICIAL VESSEL NO. \_\_\_\_\_

VESSEL NAME: \_\_\_\_\_

VESSEL OPERATING STATEMENT FOR \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Most Recent Fiscal Year)

(Attach trip reports for interim period between the end of the last fiscal year and the date of this filing.)

GROSS SALES \$ \_\_\_\_\_

Operating Expenses

Fuel & Oil \$ \_\_\_\_\_

Ice \$ \_\_\_\_\_

Groceries (If paid by vessel) \$ \_\_\_\_\_

TOTAL OPERATING EXPENSES \$ \_\_\_\_\_

Deductions

Gross Crew Share \* \$ \_\_\_\_\_

Gross Boat Share\* \$ \_\_\_\_\_

Maintenance & Repair \$ \_\_\_\_\_

Gear & Supplies \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Interest (Boat Loan) \$ \_\_\_\_\_

Loan Principal \$ \_\_\_\_\_

Property Taxes \$ \_\_\_\_\_

Guarantee Fee (NMFS Loan Only) \$ \_\_\_\_\_

Other Disbursements \$ \_\_\_\_\_

TOTAL BOAT EXPENSES \$ \_\_\_\_\_

NET PROFIT OR LOSS

\$ \_\_\_\_\_

\* Explain how share basis is determined

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\_\_\_\_\_  
Respondent Signature  
Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Spouse Signature  
Date: \_\_\_\_\_, 20\_\_\_\_ Signature



**BANK CONFIRMATION**

(To be completed by your bank)

1. At the close of business on \_\_\_\_\_, 20\_\_\_\_, our records showed the following balance(s) to the credit of the subject customer. In the event that we could readily ascertain whether there were any balances to the credit of the customer not designated in this request, the appropriate information is given below.

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_  
Amount: \_\_\_\_\_ Subject to Withdrawal by Check: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_  
Amount: \_\_\_\_\_ Subject to Withdrawal by Check: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_  
Amount: \_\_\_\_\_ Subject to Withdrawal by Check: \_\_\_\_\_

2. The customer was directly liable to us in respect to loans, acceptances, etc., at the close of business on the above date as follows:

Collateral Amount: \_\_\_\_\_ Date of loan: \_\_\_\_\_ Rate: \_\_\_\_\_  
Payment: \_\_\_\_\_ Maturity: \_\_\_\_\_ Mo/Qtr: \_\_\_\_\_

3. The customer was contingently liable as endorser of notes and/or as guarantor at the close of business on the above date as follows:

Collateral Amount: \_\_\_\_\_ Date of loan: \_\_\_\_\_ Rate: \_\_\_\_\_  
Payment: \_\_\_\_\_ Maturity: \_\_\_\_\_ Mo/Qtr: \_\_\_\_\_  
Current? \_\_\_\_\_ Present Balance: \_\_\_\_\_

4. Other direct or contingent liabilities (include collateral): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Security agreements under the Uniform Commercial Code or any other agreements providing for restrictions, not noted above, were as follows (if recorded, indicate date and office of filing): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_  
(Authorized Signature)

**FINANCIAL VERIFICATION REQUEST AND AUTHORIZATION**

**Case Number:** \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_ hereby authorize the United States Department of Commerce, National Oceanic and Atmospheric Administration, National Marine Fisheries Service, to inquire and request information from any person, corporation, or other entity as to my accounts and credit standing with regard to any transaction so far as any person shall know.

The National Marine Fisheries Service shall have the right to duplicate this authorization as required.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Sworn to and subscribed before me, the undersigned authority, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Commission Expiration**