



**SUPPORTING FINANCIAL INFORMATION**  
**Schedules 1-3**

(To be submitted by all license applicants and dated the same date as the financial statement.)

Name: \_\_\_\_\_ Trade Name of Applicant: \_\_\_\_\_

As of: \_\_\_\_\_ (date)

**NO. 1 CASH ON DEPOSIT.**

Exact Name \$ Mailing Address of Bank or Other Depository	Account Name Acct No.	Acct. Type	Amount	Any restrictions on Withdrawal

**NO. 2 ACCOUNTS, LOANS AND NOTES RECEIVABLE.**

Description	Principal Amount	Security	Term	Acquisition Date	Rate of Fin. Chg.	Delinquency Rate

**NO. 3 LIFE INSURANCE.**

Name of Insured	Name of Beneficiary	Name of Insurance Company	Type of Policy	Face Amount	Total Cash Surr. Value	Total Loans Against Policy	Amount of Yearly Premium	Is Policy Assigned

The Office of Consumer Credit Commissioner obtains information from this form and certain third party sources. With few exceptions, you may review and correct the information we collect. To be informed about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7639 or [info@occc.state.tx.us](mailto:info@occc.state.tx.us).



**SUPPORTING FINANCIAL INFORMATION**  
**Schedules 4-6**

**NO. 4 STOCKS AND BONDS.**

Description; Name of Corp; No. of Shares; Nature of Business	Location	Par Value	Orig. Cost (Total)	Total Value at Current Market	Publicly Traded	Date Last Dividend or Int.

**NO. 5 REAL ESTATE**

Description Location	Nature of Improvement	Original Cost	Valuation Current Market	Appraisal District Valuation	Lien Y/N (See Sch. 6)	Title in Whose Name

**NO. 6 LOANS PAYABLE, MORTGAGES, AND OTHER DEBTS.**

Exact Name and Mailing Address of Creditor	Description of Collateral	Original Principal	Payment Frequency	Payment Amount	Balance Due

I affirm that the information in the Supporting Financial Information (Schedules 1-6) and any attachments are true, correct, and complete.

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

**The Office of Consumer Credit Commissioner obtains information from this form and certain third party sources. With few exceptions, you may review and correct the information we collect. To be informed about the information we collect or to make an open records request, contact our Public Information Officer at 512-936-7639 or [info@occc.state.tx.us](mailto:info@occc.state.tx.us).**