

LOAN PRE-QUALIFICATION PROFILE

ADS WATSON, BROWN & ASSOCIATES

Return to:

Terry D. Watson, DDS and Frank J. Brown, JD, LL.M.(taxation)

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LOAN PRE-QUALIFICATION INFORMATION REQUIREMENTS

This packet contains:

- Curriculum Vitae Form
- Projected Monthly Expenses Form
- Personal Financial Statement Form

**If you already have any of the above, you may substitute them.*

- Consumer Credit Report
Disclosure Authorization Form

Please complete all of the above and
Return with the following items:

- Last Two (2) Years Tax Returns
- Last Year's W-2 or 1099 Wage Statement
(If tax return is unavailable)
- Photocopy of State License
- Photocopy of DEA Permit
- Photocopy of Alien Registration Card
(If applicable)

The following items will be provided by Watson, Brown & Associates, Inc.:

- Practice Appraisal
- Income & Expense Projection

The following items will be provided by the Seller:

- Last Two (2) Years Schedule "C"
or Corporate Tax Returns
- Current Profit & Loss Statement

CURRICULUM VITAE

PERSONAL INFORMATION

Name: _____
First *M.I.* *Last*

Office Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Your preferred location to direct our correspondence: Home Office
 Other _____

Marital Status: Single Married Separated Divorced

Date of Birth: _____

Spouse's Name: _____
First *M.I.* *Last*

Office Phone: _____ Office Backline: _____

Office Fax: _____ Pager: _____

Home Phone: _____ Cell Phone: _____

Home Fax: _____ Email: _____

EDUCATION INFORMATION

	Institution	Degree	Date Completed
Undergraduate	_____	_____	_____
Dental School	_____	_____	_____
Graduate School/Residency	_____	_____	_____
Specialty Training	_____	_____	_____

Board Qualified: YES NO Board Certified: YES NO

PROFESSIONAL

State(s) Licensed In: _____ License No.: _____

Honors and Awards: _____

Professional Organizations: _____

EMPLOYMENT HISTORY

Please list the latest position first:

Dates: From _____ to _____

Employer: _____ Position: _____

Reason for Leaving: _____

Dates: From _____ to _____

Employer: _____ Position: _____

Reason for Leaving: _____

Dates: From _____ to _____

Employer: _____ Position: _____

Reason for Leaving: _____

Dates: From _____ to _____

Employer: _____ Position: _____

Reason for Leaving: _____

REFERENCES

1) Name: _____ Position: _____

Address: _____ Phone No.: _____

2) Name: _____ Position: _____

Address: _____ Phone No.: _____

3) Name: _____ Position: _____

Address: _____ Phone No.: _____

4) Name: _____ Position: _____

Address: _____ Phone No.: _____

PERSONAL INTERESTS

Hobbies & Interests: _____

Signature: _____ Date: _____

PERSONAL FINANCIAL STATEMENT
CONFIDENTIAL

As of _____ 20____

Name: _____ Social Security No.: _____

Date of Birth: _____ Number of Dependents: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Residence Phone: _____ Business Phone: _____

Business Organization: _____ Partner or Officer in any other business: _____

INCOME

	Applicant	Spouse
Salary	_____	_____
Bonus & Commissions	_____	_____
Dividends	_____	_____
Other Income (Itemize)*	_____	_____
TOTAL	\$ _____	\$ _____

*Alimony, child support or separate maintenance income need NOT be revealed if you do not wish to have it considered as a basis for repaying this obligation.

GENERAL INFORMATION

Contingent liabilities – as endorser or co-maker \$ _____

Unsatisfied judgments or lawsuits pending YES NO

Describe: _____

Are any income tax returns made by you for prior years being contested? YES NO

If so, what do you estimate as the additional amount you may be requested to pay? \$ _____

Are you obligated to pay alimony, child support, or separate maintenance payments? YES NO

Are any assets pledged or in joint names other than as described on schedules? YES NO

Have you ever been declared bankrupt? YES NO

Do you have a will? YES NO

Who is named as the executor? _____

ASSETS & LIABILITIES

ASSETS:

Cash on Hand and in Banks (see Sch. A) \$ _____
 Accounts & Notes Receivable \$ _____
 Stocks & Bonds (see Sch. B) \$ _____
 Real Estate (see Sch. C) \$ _____
 Cash Value of Life Insurance (see Sch. D) \$ _____
 Automobiles \$ _____
 Business \$ _____
 Other Personal Property \$ _____
 Other Assets (Itemize) \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
TOTAL ASSETS: \$ _____

LIABILITIES:

Educational Loans \$ _____
 Notes Payable-Secured \$ _____
 To Banks-Unsecured \$ _____
 Notes Payable to Others \$ _____
 Accounts Payable \$ _____
 Unpaid Taxes \$ _____
 Mortgages on Real Estate (see Sch. C) \$ _____
 Other Debts (Itemize) \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
TOTAL LIABILITIES: \$ _____

(see Sch. E)

ADDITIONAL INFORMATION

Legal Counsel:

Name: _____ Phone No.: _____
 Address: _____ Fax No.: _____
 City: _____ State: _____ Zip: _____

Accountant:

Name: _____ Phone No.: _____
 Address: _____ Fax No.: _____
 City: _____ State: _____ Zip: _____

Bank:

Name: _____ Phone No.: _____
 Address: _____ Fax No.: _____
 City: _____ State: _____ Zip: _____

I hereby affirm that each of the answers in the foregoing Application and accompanying Financial Statement are true and correct. Also, I confirm that I have listed all my debts and obligations and authorize Watson, Brown & Associates, Inc., and its affiliates ("Watson"), to obtain information (including reports) from my accountant and any source(s) to which they may apply, including but not limited to credit reporting institutions, relative to this application; furthermore, each such source being contacted is hereby authorized to provide Watson with such information. Should any situation arise which changes the representations made by me in this application and accompanying Financial Statement, I will notify you thereof promptly. I also authorize Watson to provide qualified credit grantors such information as they may request. This application in any event shall be and remain the property of Watson, Brown & Associates, Inc.

Signature (Individual)

Signature (Other Party)

Date Signed

Date Signed

SCHEDULES

You may attach an additional sheet if necessary.

Schedule A – Banks, Savings & Loans, Credit Unions (Etc.) Where funds are on deposit.

Name of Institution	Phone Number	Type of Deposit (Checking, Savings, Etc.)	Account Number	Amount on Deposit

Schedule B – Stocks & Bonds

No. of Shares Face Value Bonds	Description (Includes Maturity Bonds)	In Name of	Are these Pledged?		Market Value
			YES	NO	

Schedule C – Real Estate

Address & Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Balance	Monthly Payment

Schedule D – Life Insurance

Name of Insurance Company	Type	Beneficiary	Face Amount	Policy Loans	Cash Value	Year Issued

Other Insurance

Type	Name of Insurance Company	Benefit Amount or Monthly Benefit	Length of Benefits
Malpractice			
Disability			
Liability			

Schedule E – Notes Payable

Due to	Type of Facility	Amount Of Line	Secured		Monthly Payment	Interest Rate	Maturity	Unpaid Balance
			YES	NO				

PROJECTED PERSONAL MONTHLY EXPENSES

ORDINARY LIVING EXPENSES:

Rent or Lease Payments (not mortgage)	_____	
Food & Household Incidentals	_____	
Utilities, Telephone	_____	
Automobile Operating and Maintenance	_____	
Clothing and Personal Items	_____	
Property Taxes	_____	
Property Improvements and Upkeep	_____	
Domestic Help and Babysitting	_____	
Entertainment and Vacation	_____	
Child Care	_____	
Alimony, Child Support	_____	
Books, Papers, Subscriptions	_____	
Home Furnishings	_____	
Gifts and Birthdays	_____	
Medical Expenses (not insured)	_____	
Other Expenses	_____	
TOTAL ORDINARY LIVING EXPENSES		\$ _____

DEBT SERVICE (PRINCIPLE & INTEREST):

Credit Cards	_____	
Automobile Loans	_____	
Bank Loans	_____	
Mortgage(s)	_____	
Insurance Policy Loans	_____	
Education Loans	_____	
Other Loans	_____	
TOTAL DEBT SERVICE		\$ _____

INSURANCE PREMIUMS:

Life Insurance	_____	
Health Insurance	_____	
Property Insurance	_____	
Professional Liability Insurance	_____	
Disability Insurance	_____	
Other Insurance	_____	
TOTAL INSURANCE PREMIUMS		\$ _____

OTHER:

Charitable Contributions	_____	
Tuitions and Education Expenses (Children)	_____	
Payments for Support of Aged Parents or Other Dependents	_____	
TOTAL OTHER		\$ _____

TOTAL EXPENSES **\$ _____**

WATSON, BROWN & ASSOCIATES, INC.

CONSUMER CREDIT REPORT DISCLOSURE AUTHORIZATION

The undersigned individual(s), recognizing that his and/or her individual credit history may be a factor in the evaluation of the credit of the applicant, hereby consents to and authorizes Watson, Brown & Associates, Inc., and any assignee, lender or funding service that may be utilized to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim they would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

Borrower's Signature

Borrower's Signature

Date

Date

Borrower's Name (Print)

Borrower's Name (Print)

Address

Address

City/State/Zip

City/State/Zip

Social Security Number

Social Security Number