

Financial Statement

Applicant: IBIRONKE ESHILOKUN

Co-Applicant: N/A

Address: 1117 SOUTHERN BLVD BRONX, NY 10459

Address: N/A

The following is submitted as being a true and accurate statement of the financial condition of the undersigned on the:

14 day of February 2022

ASSETS		
	Applicant	Co-Applicant
Cash in banks <i>(Schedule A)</i>	128,407.38	
Money Market Funds	N/A	
Contract Deposit	\$13,0	
Investments: Stocks & Bonds <i>(Schedule B)</i>	N/A	
Investments in Own Business	N/A	
Accounts and Notes Receivable	N/A	
Real Estate Owned <i>(Schedule C)</i>	N/A	
Automobiles:	N/A	
Year/Make		
Personal Property and Furniture	2,00	
Life Insurance Cash Surrender Value	N/A	
Retirement Funds/ IRA	N/A	
401K		
KEOGH		
Profit Sharing/Pension Plan		
Other Retirement		
Other Assets <i>(Schedule D)</i>	N/A	
TOTAL ASSETS		
COMBINED ASSETS		

LIABILITIES		
	Applicant	Co-Applicant
Notes Payable <i>(Schedule E)</i>		
To Banks		
To Relatives		
To Others		
Installment Accounts Payable:		
Automobile		
Other		
Other Accounts Payable		
Mortgages Payable on Real Estate <i>(Schedule F)</i>		
Unpaid Real Estate Taxes		
Unpaid Income Taxes		
Chattel Mortgages		
Loans on Life Insurance Policies (Include Premium Advances)		
Outstanding Credit Card Debt		
Other Debts <i>(Schedule G)</i>		
TOTAL LIABILITIES		
COMBINED LIABILITIES		
NET WORTH		

SOURCES OF INCOME / MONTHLY		
	Applicant	Co-Applicant
Base Salary	\$51,194	
Overtime Wages		
Bonus and Commissions		
Dividends and Interest Income		
Real Estate Income (Net)		
Other Income Including Gifts <i>(Schedule H)</i>		
TOTAL		
COMBINED TOTAL		

PROJECTED EXPENSES / MONTHLY		
	Applicant	Co-Applicant
Maintenance		
Apartment Financing		
Other Mortgages		
Bank Loans		
Auto Loans		
Other:		
TOTAL		
COMBINED TOTAL		

D: ITEMIZED SCHEDULE OF OTHER ASSETS

Description	Amount

E: ITEMIZED SCHEDULE OF NOTES PAYABLE

To Whom Payable	Date	Amount	Due	Interest	Pledged as Security
			MM/DD/YYYY		
			MM/DD/YYYY		
			MM/DD/YYYY		
			MM/DD/YYYY		

F: ITEMIZED SCHEDULE OF MORTGAGES PAYABLE

To Whom Payable	Mortgage Amount	Principal Remaining	Maturity Date
			MM/DD/YYYY
			MM/DD/YYYY
			MM/DD/YYYY
			MM/DD/YYYY

G: ITEMIZED SCHEDULE OF OTHER LIABILITIES

Description	Amount	Date	Payments	Security
		MM/DD/YYYY		
		MM/DD/YYYY		
		MM/DD/YYYY		
		MM/DD/YYYY		

H: ITEMIZED SCHEDULE OF OTHER INCOME

Source	Amount Last Year	Is this recurring?

IF YOU ARE A PRINCIPAL OF OR ARE EMPLOYED BY A FAMILY BUSINESS, PLEASE COMPLETE THIS SECTION:

	Applicant	Co-Applicant
Dividend or partnership income (present year)		
Dividend or partnership income (prior year)		
Dividend or partnership income (second prior year)		

The foregoing application has been carefully prepared, and the undersigned hereby solemnly declare(s) and certify(s) that all information contained herein is complete, true, and correct. The information is submitted as being a true and accurate statement of the financial condition of the undersigned on the _____ day of _____, 20__.

X _____
Applicant

MM/DD/YYYY _____
Date

X _____
Co-Applicant

MM/DD/YYYY _____
Date