



Maryland Capital Enterprises, Inc.
PO Box 213, Salisbury, MD 21803
Office: (410)546-1900 / Fax: (410)546-9718

Personal Information Supplement

This document in its entirety must be completed by all borrowers to be listed on the loan.
ALL blanks **MUST** be completed, if not applicable enter either N/A or for numeric values enter 0.

Section 1: General Application Information

1-1 Applicant Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Name	Driver's License #	State	Expiration (mm/dd/yyyy)
<input type="text"/>		<input type="text"/>	
Street Address		Home Phone	
<input type="text"/>		<input type="text"/>	
City, State, Zip		Cell Phone (if different from Home Phone)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (mm/dd/yyyy)	Social Security # of Applicant(s)	Email Address	
Y/N <input type="checkbox"/>	Are you a U.S. Citizen? If no, please provide proof of residency.		<input type="text"/>
			Veteran?

1-2 Employment Information (if currently employed)

- Employment Status: Full Time Self Employment Full Time Employment
 Part Time Self Employment Part Time Employment
 Seasonal Employment Unemployed

<input type="text"/>		<input type="text"/>	
Employer Name		Phone	
<input type="text"/>		<input type="text"/>	
Address		City, State, Zip	
<input type="text"/>	to <input type="text"/>	<input type="text"/>	<input type="text"/>
Dates Employed (mm/dd/yyyy)	Supervisor Name	Current Salary	

Section 2: Personal Financial Information

2-1 Personal Financial Information

Complete each section in its entirety (if not applicable, enter a zero (0)) or attach a financial statement (only if done within the past 30 days). **Please also attach your prior two (2) years of tax return filings.**

Assets (Omit Cents)

Cash on Hand & in Banks	
Savings Accounts	
IRA or Other Retirement Accounts	
Accounts & Notes Receivable	
Life Insurance	
Stocks and Bonds	
Real Estate	
Automobile-Present Value	
Other Personal Property	
Other Assets	
Total Assets	
Net Worth	

Liabilities (Omit Cents)

Accounts	
Notes Payable	
(Detail in Notes Payable)	
Installment Account (Auto)	
Installment Account (Other)	
Loan on Life Insurance	
Unpaid Taxes	
Other Liabilities	
Total Liabilities	

Source of Income

Salary	
Net Investment Account Income	
Real Estate Income	
Other Income (Describe Below)	

Contingent Liabilities

As Endorser or Co-Maker	
Legal Claims & Judgements	
Provisions for Fed Inc Tax	
Other Special Debt	

Description of Other Income

2-2 Notes Payable Detailed (Money owed to another party). (Enter N/A or 0 if not applicable)

Name of Noteholder		Address of Noteholder		City, State, Zip	
Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc)		

How is the note secured or endorsed. Type of collateral.

Name of Noteholder		Address of Noteholder		City, State, Zip	
Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc)		

How is the note secured or endorsed. Type of collateral.

2-3 Stocks and Bonds Detailed

If more than 2 please attach an additional sheet or if "None," enter N/A or zero (0).

Number of Shares	Name of Securities	Market Value	Date of Valuation	Total Value
Number of Shares	Name of Securities	Market Value	Date of Valuation	Total Value

2-4 Real Estate Owned

If more than 1 property, attach an additional sheet or if "None," enter N/A or zero (0).

Type of Property		Address		City, State & Zip	
Date Purchased	Original Cost	Current Market Value	Name of Mortgage Holder		
Address of Mortgage Holder			City, State & Zip		
Mortgage Account Number	Mortgage Balance	Monthly Payment	Status of Mortgage		

2-5 Other Personal Property and Other Assets (Enter N/A if not applicable)

Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe.

--

2-6 Unpaid Taxes (Enter N/A if not applicable)

Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.

--

2-7 Other Liabilities (Enter N/A if not applicable)

Describe in detail any other liabilities, not mentioned elsewhere.

--

2-8 Life Insurance Held (Enter N/A if not applicable)

Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.

--

2-9 Household Expenses (Monthly)

Please provide detailed expenses incurring on a monthly basis. (Enter "0" if not applicable)

Rent/Mortgage	
Auto Payment(s)	
Insurance (Auto, Homeowners, Life, etc.)	
Phone (Cell and/or Landline)	
Electric	
Gas	
Water/Sewer/Trash	
Cable/Direct TV	
Internet	
Groceries	
Misc. (Eating out, Entertainment, Etc.)	
Credit Card Payments	
Student Loan Payments	
Personal Loan Payments	
Additional Expenses (Please Clarify)	
Total Monthly Expenses	

Section 3: References

3-1 Please provide 3 personal references and their contact information. (All spaces must be completed)

--	--

Name Phone

--	--

Address Relationship

--	--

Name Phone

--	--

Address Relationship

--	--

Name Phone

--	--

Address Relationship

Section 4: Alternate Contact Information

4-1 List two people through whom you can usually be contacted if we have trouble reaching you (we will not contact these people for any other reason) All spaces MUST be completed:

--	--

Name Phone

--	--

Address Relationship

--	--

Name Phone

--	--

Address Relationship

Section 5: Acknowledgement

5-1 Conditions

I authorize MCE to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. MCE reserves the right to pull periodic credit reports during the repayment of the loan. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General. (Reference 18 U.S.C. 1001).

--	--	--

Signature Printed Name Date

--	--	--

Social Security Date of Birth Signing as Borrower, Guarantor or Both?