## **Manufactured Home Dealer - Financial Statement**

| [  |                               | T   | T                              |
|--|-------------------------------|---|--------------------------------|
| Legal Name of Business:  |                               | Financial Statement Date:                                 | Manufactured Home              |
| Trade Name or DBA:   |                               | (Must be dated not make the                               | Dealer No.:                    |
| Business Address: P.O. Box:  |                               | (Must be dated not more than 90 days prior to the date of |                                |
| City / State / Zip:  |                               | application/ renewal)                                     |                                |
|  | Partnership                   | Proprietorship  | 1                              |
| * If your business entity is a Limited Liability Corp., you must submit  | a CORPORATE finan             |   |                                |
| Net Worth Criteria ***Check One Box Only***  | a com onate illan             | olal olatomont.   |                                |
| No. of Manufactured Homes Sold in the Last 12 Months   | □ New Dealer                  | ☐ 2-50 homes  | ☐ 51-up homes                  |
| Required Net Worth Non-Broker  | \$50,000                      | \$50,000  | \$100,000                      |
| Broker (Also known as Broker-Restricted.)  |                               | \$25,000  | \$50,000                       |
| Must submit either a financial statement or a bond.  | + -,                          | ÷ -7  | ÷ ,                            |
| If applying for a first-time Manufactured home dealer license, you   | ou MUST submit verific        | cation of cash in bank.                                   |                                |
| The referenced Schedules A and B MUST be filled in if there are  | e any amounts listed o        | on those lines.   |                                |
| Fill in form completely, sign, and date.   | •                             |   |                                |
| Submit in duplicate to: Dept. of Safety and Professional Service   | es, Manufactured Hom          | nes, P.O. Box 8935, Madison, WI                           | 53708-8935                     |
| In accordance with SPS 305.323 the following WILL NOT be contained.  |                               |   |                                |
| officers notes and accounts, and intangible assets.  |                               |   |                                |
| Personal information you provide may be used for secondary purpos  | es [Privacy Law, s.15.        | 04(1)(m)].  |                                |
| Assets   |                               |   |                                |
| Current Assets   | ¢                             |   |                                |
| Cash in (bank name)      Cash in (bank name)   |                               | _   |                                |
| 3. Accounts receivable   |                               | _   |                                |
| Receivables from related parties   |                               | _   |                                |
| 5. Securities owned (complete Schedule A)  |                               | =   |                                |
| 6. No new Manufactured homes   |                               | <del>-</del><br>-   |                                |
| 7. No used Manufactured homes  |                               | _   |                                |
| New parts and accessories  |                               | _   |                                |
| 9. Total current assets  | \$                            |   |                                |
| 10. Land and buildingsdealer business (complete Schedule B)  |                               | _   |                                |
| <ol> <li>Land and buildings—other (complete Schedule B)</li> <li>Machinery/tools/equipment/office furniture/fixtures</li> </ol>  | _                             | -   |                                |
| (complete Schedule B)  |                               | _   |                                |
| 13. Other assets   |                               |   |                                |
| 14.  |                               | <u>-</u><br>-   |                                |
| 15. Total Assests (must equal Line 33)   | <del>_</del>                  | \$  |                                |
|  |                               |   |                                |
| <u>Liabilities</u>   |                               |   |                                |
| Current Liabilities  | •                             |   |                                |
| 16. Accounts payable   | <u>\$</u>                     | _   |                                |
| <ul><li>17. Notes payable/bank</li><li>18. Accrued expenses</li></ul>  |                               | -   |                                |
| 19. No new homes floor-planned through finance   |                               | _   |                                |
| company  |                               | _   |                                |
| 20. No used homes floor-planned through finance  |                               | _   |                                |
| company  | <del>-</del>                  | _   |                                |
| 21. Total current liabilities  | \$                            |   |                                |
| 22. Land and buildingsdealer business (complete Schedule B)  |                               | _   |                                |
| 23. Land and buildings—other (complete Schedule B)   | _                             | _   |                                |
| 24. Machinery/tools/equipment/office furniture/fixtures  |                               | _   |                                |
| (complete Schedule B) 25. Other liabilities  |                               |   |                                |
| 26.  |                               | _   |                                |
| 27. Total Liabilities  |                               | <u> </u>  |                                |
|  |                               |   |                                |
| Equity/Net Worth   |                               |   |                                |
| 28. Capital stock (if corporation)   | \$                            | _   |                                |
| 29. Paid in capital  |                               | _   |                                |
| 30. Retained earnings  |                               | _   |                                |
| 31. Less treasury stock  |                               | _<br>   |                                |
| 32. Total Equity/Net Worth   |                               | Φ   |                                |
| 33. Total Liabilities and Equity/Net Worth   |                               | \$  |                                |
| (must equal Line 15)   |                               | Ψ   |                                |
| I, the undersigned, certify under penalty of 946.32 or 345.17 Wis. Sta   | ats that this financial       | statement and supporting schedul                          | es submitted on behalf of the  |
| named applicant are true to the best of my knowledge.  | aco., triat triio ilitariolal | Statement and Supporting Scriedul                         | Co Submitted on bendin of tile |
| The second secon |                               |   |                                |
| X  |                               |   |                                |
| Signature of Manufactured Home Dealer Applicant (Print and Sign Form   | n) Title                      | Da  | te                             |

| Schedule A - Securitie                               | es Owned (Line 5 of Fin      | ancial Statement)      |      |
|--|------------------------------|------------------------|------|
| Number of Shares<br>or Face Amount                   | Issuer of Stocks / Bonds     | Registered in Name of: | Cost |
| of Face Amount                                       | ISSUEL OF STOCKS / DOTIUS    | negistered in Name of. | Cost |
|  |                              |                        | \$   |
|  |                              |                        |      |
|  |                              |                        |      |
| None of the above are pledge<br>In the amount of: \$ | ed as security except items: |                        |      |

| Assets                                    |                   | *Cost | Indebtedness |         |
|---|-------------------|-------|--------------|---------|
|   | Property Location |       | Amount       | To Whom |
| A. Land & Buildings Dealer Business       |                   | \$    | \$           |         |
| 3. Land & Buildings<br>Other              |                   |       |              |         |
| C. **Machinery/Tools<br>Equip/Office furn |                   |       |              |         |
| D. Other                                  |                   |       |              |         |

If using assessed or fair market value, you must attach a separate appraisal.
 \*\* List cost minus depreciation or net value.