

**Allegheny County Department of  
Minority/ Women/ Disadvantaged Business Enterprise  
Small Business Development and Technical Assistance Program**

**Existing Debt Schedule Form**

Please provide us with the following information regarding your company's existing debt schedule and notes payable information. The following information is useful so that we may be better able to assist you with determining the most appropriate type of financing assistance for your company.

<b>Provider</b>	<b>Loan Type</b>	<b>Original Balance</b>	<b>Balance Due</b>	<b>Interest Rate</b>	<b>Maturity Date</b>	<b>Monthly Payment</b>	<b>Loan Status</b>
	Term: <input type="checkbox"/> Line of Credit: <input type="checkbox"/>						Current: <input type="checkbox"/> Default: <input type="checkbox"/>
	Term: <input type="checkbox"/> Line of Credit: <input type="checkbox"/>						Current: <input type="checkbox"/> Default: <input type="checkbox"/>
	Term: <input type="checkbox"/> Line of Credit: <input type="checkbox"/>						Current: <input type="checkbox"/> Default: <input type="checkbox"/>
	Term: <input type="checkbox"/> Line of Credit: <input type="checkbox"/>						Current: <input type="checkbox"/> Default: <input type="checkbox"/>
	Term: <input type="checkbox"/> Line of Credit: <input type="checkbox"/>						Current: <input type="checkbox"/> Default: <input type="checkbox"/>
	<b>TOTAL</b>	<b>\$</b>	<b>\$</b>			<b>\$</b>	

Date: \_\_\_\_\_ Signature: \_\_\_\_\_