



PERSONAL FINANCIAL STATEMENT

Confidential

975 34TH AVENUE NW
ROCHESTER, MN 55901
(507) 280-0621

APPLICANT'S NAME(S):		HOME ADDRESS:	DATE OF APPLICATION	DATE OF BIRTH:	SOCIAL SECURITY NUMBER (S):
BUSINESS NAME:		BUSINESS ADDRESS:	HOME PHONE:	CELL PHONE:	BUSINESS PHONE:
Email Address:					

IMPORTANT: DIRECTIONS TO APPLICANT PLEASE CHECK APPROPRIATE BOX

Individual credit: If relying on your own income and assets and not the income and assets of a spouse or another person as a basis for extension or repayment or credit, complete the Financial Statement below only as it applies to you, individually. Do not provide any information about a spouse or other person. Sign the Financial Statement.

Joint Credit/Individual relying upon income or assets of spouse or other person: If applying for joint credit or for individual credit relying on income or assets of a spouse or another person for extension and repayment of credit requested, complete the Financial Statement below. Include information about income, assets and liabilities of the spouse or other person. Both Applicant and Spouse or Co-Applicant sign this statement.

Assets	In Even Dollars	Liabilities and Net Worth	In Even Dollars
Savings and Deposit Accounts —Schedule A	\$ -	Life Insurance Loans— Schedule D	\$ -
Accounts Receivable and Notes Receivable - Schedule B	-	Real Estate Mortgage Primary Residence — Schedule E	-
Stocks and Bonds - Schedule C	-	Other Real Estate Mortgages - Schedule E	-
Cash Value of Life Insurance— Schedule D	-	Notes Payable to Banks: See Schedule H	-
Primary Residence - Schedule E	-	Notes Payable—Relatives and Others - Schedule I	-
Other Real Estate Owned - Schedule E	-	Accounts and Bills Due	-
Automobiles/Equipment(Boats, Trailers, etc.) - Schedule F	-	Unpaid Taxes	-
Personal Property and Other Assets - Schedule G	-	Other Liabilities - Schedule J	-
		TOTAL LIABILITIES	\$ -
		NET WORTH	\$ -
TOTAL ASSETS	\$ -	TOTAL LIABILITIES AND NET WORTH	\$ -

Schedule A: Deposit Accounts (Checking, Savings, CD's, etc.)			
Name of Institution	Name on Account	Balance in Account	Type of Account (Checking, Savings, IRA, Money Market, etc.)
TOTAL		\$ -	

Schedule B: Accounts and Notes Receivable (Include Contracts for Deed)			
Type of Receivable / Owed From	Original Amount	Amount Outstanding	Payment Amount Received / Frequency
TOTAL		\$ -	

Schedule C: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.) *If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

Owner and Number of Shares, bonds or % of ownership held	1. Agency or name of company issuing security or name of partnership / Type of investment or equity classification	Market Value	Pledged? (Yes/No)	If Pledged, to Whom?
TOTAL		\$	-	

Schedule D: Life Insurance Carried

Policy Holder and Name of Company	Face Amount	Loans Against Life Insurance Policy	Cash Value	Beneficiary
TOTAL		\$	-	\$

Schedule E: Real Estate Owned and Related Mortgages

*List each parcel separately, if more than three properties please go to "Add'l RE" tab and print that as well

	Primary Residence	Secondary Residence	Other Property
Type of Real Estate (i.e. Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment Per Month			

Schedule F: Automobiles and Equipment

Make/Model	Year	Value	Additional Information
TOTAL		\$	-

Schedule G: Personal Property and Other Assets (Describe)

Description	Value	Additional Information
Total		\$

Schedule H: Notes Payable - Banks

Financial Institution	Original Balance	Current Balance	Payment Amount and Frequency (i.e. monthly, semi-annually, annually, etc.)	Secured by What Assets (Type of Loan and its Collateral)
TOTAL		\$ -	\$ -	-

Schedule I: Notes Payable - To Business(es), Relatives and Others

Debtor	Original Balance	Current Balance	Payment Amount and Frequency (i.e. monthly, semi-annually, annually, etc.)	Secured by What Assets (Type of Collateral)
TOTAL		\$ -	\$ -	-

Schedule J: Other Liabilities

Financial Institution/ Debtor	Original Balance	Current Balance	Payment Amount and Frequency (i.e. monthly, semi-annually, annually, etc.)	Secured by What Assets (Type of Loan and its Collateral)
TOTAL		\$ -	\$ -	-

Income and Other Information

APPLICANT		CO-APPLICANT	
Name:		Name:	
Employer and Position Held:		Employer and Position Held:	
Salary		Salary	
Bonus and Commissions		Bonus and Commissions	
Dividends		Dividends	
Real Estate Income:		Real Estate Income:	
*Other Income: Describe -		*Other Income: Describe -	
TOTAL	\$ -	TOTAL	\$ -

*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under court order or written agreement or oral understanding.

Are you a defendant in any suits or legal action? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:	
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:	
Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	With whom?	
Do you have a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	With whom?	
Number of dependents:		Ages:

SIGNATURES

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the Bank named above. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Bank. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify said Bank of said change(s) and unless said Bank is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize the Bank to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to the Bank any information that it may have or obtain in response to such credit inquiries.

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Applicant's Signature	Date Signed
Spouse's or Co-Applicant's Signature	Date Signed