



Personal Financial Statement

**CONTACT YOUR REPRESENTATIVE AT THE BANK
IF YOU HAVE ANY QUESTIONS REGARDING THE
COMPLETION OF THIS FORM**

YOU MAY APPLY FOR A CREDIT EXTENSION OR FINANCIAL ACCOMMODATION INDIVIDUALLY OR JOINTLY WITH A CO-APPLICANT. THIS STATEMENT AND ANY APPLICABLE SUPPORTING SCHEDULES MAY BE COMPLETED JOINTLY BY BOTH MARRIED AND UNMARRIED CO-APPLICANTS IF THEIR ASSETS AND LIABILITIES ARE SUFFICIENTLY JOINED SO THAT THE STATEMENT CAN BE MEANINGFULLY AND FAIRLY PRESENTED ON A COMBINED BASIS; OTHERWISE SEPARATE STATEMENTS AND SCHEDULES ARE REQUIRED.

APPLICANT

NAME _____ SOCIAL SECURITY # _____
ADDRESS _____ CELL NUMBER: _____
HOME TELEPHONE _____ DATE OF BIRTH _____
PRESENT EMPLOYER _____ POSITION _____
ADDRESS _____ WORK TELEPHONE: _____
EMAIL ADDRESS: _____ DRIVERS LICENSE #: _____

CO-APPLICANT

NAME _____ SOCIAL SECURITY # _____
ADDRESS _____ CELL NUMBER: _____
TELEPHONE NUMBER _____ DATE OF BIRTH _____
PRESENT EMPLOYER _____ POSITION _____
ADDRESS _____ WORK TELEPHONE: _____
EMAIL ADDRESS: _____ DRIVERS LICENSE #: _____

DATE OF VALUATION _____

- Round all amounts to the nearest \$100
- Attach separate sheet if you need more space to complete detail schedule

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in this Bank		Notes Payable Banks (Schedule 7)	
Cash in Other Banks (Detail)		Notes Payable Others (Schedule 7)	
		Installment Contracts Payable (Schedule 7)	
		Due Department Stores, Credit Cards, & Others	
Due from Friends, Relatives, & Others (Schedule 1)		Income Taxes Payable	
Mortgage & Contracts for Deed Owned (Schedule 2)		Other Taxes Payable	
Securities Owned (Schedule 3)			
Cash Surrender Value of Life Insurance (Schedule 4)		Loans on Life Insurance (Schedule 4)	
Homestead (Schedule 5)		Mortgage on Homestead (Schedule 6)	
Other Real Estate Owned (Schedule 5)		Mortgage or Liens on Other Real Estate	
Automobiles		Owned (Schedule 6)	
Personal Property		Other Liabilities (Detail)	
Other Assets (Detail)			
		TOTAL LIABILITIES	
		NET WORTH (Total Assets Less Total Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

ANNUAL INCOME	APPLICANT	CO-APPLICANT	CONTINGENT LIABILITIES	AMOUNT
Salary			As Endorser	
Commissions			As Guarantor	
Dividends			Lawsuits	
Interest			For Taxes	
Rentals			Other (Detail)	
Alimony, child support, or maintenance (you need not show this unless you wish us to consider it)				
Other				
			<input type="checkbox"/> Check here if "None"	
TOTAL			TOTAL	

SCHEDULE 1: DUE FROM FRIENDS, RELATIVES, & OTHERS

Name of Debtor	Owed To	Collateral	How Payable	Maturity Date	Unpaid Balance
			\$ per		
			\$ per		
			\$ per		
				TOTAL	

SCHEDULE 2: MORTGAGE AND CONTRACTS FOR DEED OWNED

Name of Debtor	Type of Property	1st or 2nd Lien	Owed To	How Payable	Unpaid Balance
				\$ per	
				\$ per	
				\$ per	
				TOTAL	

SCHEDULE 3: SECURITIES OWNED

No. Shares or Bond Amount	Description	In Whose Name(s) Registered	Cost	Present Market Value	L-listed U-unlisted
TOTAL					

SCHEDULE 4: LIFE INSURANCE

Insured	Insurance Company	Beneficiary	Face Value of Policy	Cash Value	Loans
TOTAL					

SCHEDULE 5: REAL ESTATE

Address and Type of Property	Title in Name(s) of	Monthly Income	Cost	Present Market Value	Amount of Insurance
			Year Acquired		
			\$ Year		
			\$ Year		
			\$ Year		
			\$ Year		
			\$ Year		

SCHEDULE 6: MORTGAGES OR LIENS ON REAL ESTATE

To Whom Payable	How Payable	Interest Rate	Maturity Date	Unpaid Balance
	\$ per			
	\$ per			
	\$ per			
	\$ per			
	\$ per			

SCHEDULE 7: NOTES PAYABLE BANKS & OTHERS; INSTALLMENT CONTRACTS PAYABLE

To Whom Payable	Address	Collateral or Unsecured	How Payable	Unpaid Balance
			\$ per	
			\$ per	
			\$ per	
			\$ per	

	<u>APPLICANT</u>		<u>CO-APPLICANT</u>	
Have you ever gone through bankruptcy or had a judgment against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any assets pledged or debts secured except as shown?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you made a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you created a trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you transferred any assets to a trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a trustee of any trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of Dependents (If none check "None")	_____ <input type="checkbox"/> None		_____ <input type="checkbox"/> None	
Marital Status (answer only if this financial statement is provided in connection with a request for secured credit or applicant is seeking a joint account with spouse.)	<input type="checkbox"/> Married		<input type="checkbox"/> Married	
	<input type="checkbox"/> Separated		<input type="checkbox"/> Separated	
	<input type="checkbox"/> Unmarried		<input type="checkbox"/> Unmarried	
	(Unmarried includes single, divorced, widowed)			

Will you be applying for individual or joint credit? Joint Individual

If applying for joint credit, please sign below to verify that you intend to apply for joint credit

Applicant Signature: _____

Co-Applicant Signature _____

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

Date

Your Signature

Date

Co-Applicant Signature (if you are requesting the financial accommodation jointly)

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the Baxter office of First National Bank of Deerwood at: 14986 Lynwood Drive, P.O. Box 2905, Baxter, MN 56425 Telephone: 888-909-8946 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is:

Office of the Comptroller of the Currency,
Customer Assistance Group
1301 McKinney Street, Suite 3450,
Houston, TX 77010-9050.