### PERSONAL FINANCIAL STATEMENT



14850 Scenic Heights Road, Suite 150 Eden Prairie, MN 55344 Phone: (952) 934-3380

Personal Financial Statement as of:	
(Date)	
Applicant's Name(s):	
Home Address:	
Home Phone:	
Business Phone:	

### IMPORTANT: DIRECTIONS TO APPLICANT

Read directions before completing Financial Statement. 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 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, Individual relying complete the Financial Statement below. Include

information about income, assets and liabilities of the upon income or assets of spouse spouse or other person. Both Applicant and Spouse or other person. or Co-Applicant sign this statement.

Please do not leave any questions unanswered. Use "no" or "none" where necessary.

Assets	In Even Dollars	Liabilities and Net Worth	In Even Dollars
Cash on hand and in Banks—See Schedule A	\$	Notes Payable: This Bank—See Schedule A	\$
U.S. Government Securities—See Schedule B		Notes Payable: Other Institutions—See	
Listed Securities—See Schedule B		Schedule A	
Unlisted Securities—See Schedule B		Notes Payable—Relatives	
Other Equity Interests—See Schedule B		Notes Payable—Others	
Accounts and Notes Receivable		Accounts and Bills Due	
Real Estate Owned—See Schedule C		Unpaid Taxes	
Mortgages and Land Contracts Receivable—		Real Estate Mortgages Payable—See	
See Schedule D		Schedule C or D	
Cash Value Life Insurance—See Schedule E		Land Contracts Payable—See Schedule C or D	
Other Assets: Itemize		Life Insurance Loans—See Schedule E	
Automobile		Other Liabilities: Itemize	
Antique Collection			
		TOTAL LIABILITIES	\$
		NET WORTH	\$
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	\$

Sources of Income	In Even Dollars	General Information	
Salary	\$	Employer	
Bonus and Commissions		Position or Profession	No. Years
Dividends		Employer's Address	
Real Estate Income			Phone No.
*Other Income: Investment		Partner, officer or owner in any other ve	nture? ☐ No ☐ Yes
		If so, explain:	
TOTAL	\$		
*Alimony, child support or separate maintenance payme	ents need not		
Be disclosed unless relied upon as a basis for extension	Are any assets pledged? ☐ No ☐ Yes	Detail in Schedule A	
disclosed, payments received under ☐ court order ☐ wri			
agreement 🗆 oral understanding.	Income taxes settled through (Date)		

Contingent Liabilities	In Even Dollars	General Information (continued)
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action? ☐ No ☐ Yes
On leases		If so, explain:
Legal claims		Have you ever taken bankruptcy? ☐ No ☐ Yes
Provision for federal income taxes		If so, explain:
Other special debt, e.g., recourse or repurchase liability		Do you have a will? ☐ No ☐ Yes With whom?
		Do you have a trust? ☐ No ☐ Yes With whom?
TOTAL	\$	Number of dependents Ages

# Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions. List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

Name of Institution	Name on Account	Balance on Deposit	High Credit	Amount Owing	Monthly Payment	Secured by What Assets
	TOTAL		TOTAL			

## Schedule B: U.S. Governments, Stocks (Listed & Unlisted), Bonds (Gov't & Comm.), and Partnership Interests (General & Ltd.)

Number of	Indicate:			Plea	dged
Shares,	1. Agency or name of company issuing security or name	In Name of	*Market	Yes	No
Face Value	of partnership		Value	<b>(</b> ✓)	<b>(</b> ✓)
(Bonds), or	2. Type of investment or equity classification				
% of	3. Number of shares, bonds or % of ownership held				
Ownership	4. Basis of valuation*				
	·	TOTAL			

<sup>\*</sup>If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

## Schedule C: Real Estate Owned (and related debt, if applicable)

Description of	Title in	Date	Cost +	Present	Mortgage or L	and Contract	t Payable
Property or Address	Name Of	Acq.	Improvements	Mkt. Value	Bal. Owing	Mo. Payt.	Holder
		TOTAL					

### Schedule D: Real Estate: Mortgages & Land Contracts Receivable (and related debt, if applicable)

Description of	Title in	Date	Balance	Monthly	Mortgage or L	and Contract	t Payable
Property or Address	Name Of	Acq.	Receivable	Payment	Bal. Owing	Mo. Payt.	Holder
		TOTAL					

#### Schedule E: Life Insurance Carried

Name of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary
TOTAL				

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 also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.

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:
Social Security Number:	Date of Birth:
Spouse's or Co-Applicant's Signature:	Date Signed:
Social Security Number:	Date of Birth: