# **Personal Financial Statement**

Falcon National Bank 183 Cedar Drive P.O. Box 366 Foley, MN 56329

# 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.

WE INTEND TO APPLY JOINTLY		
<u>APPLICANT</u>		
NAME	SOCIAL SECURITY #	
ADDRESS		
TELEPHONE NUMBER	DATE OF BIRTH	
PRESENT EMPLOYER	POSITION	
ADDRESS		
CO-APPLICANT		
NAME	SOCIAL SECURITY #	
ADDRESS		
TELEPHONE NUMBER	DATE OF BIRTH	
PRESENT EMPLOYER	POSITION	
ADDRESS		

\*Round all amounts to the nearest \$100
\*Attach separate sheet if you need more space

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 Dept. Stores, Credit Cards & Others	
Due from 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)			
Other Real Estate Owned (Schedule 5)		Mortgage on Homestead (Schedule 6)	
Automobiles		Mortgage or Liens on Other Real Estate Owned (Schedule 6)	
Personal Property		Other Liabilities (Detail)	
Other Assets (Detail)		TOTAL 11450	
		TOTAL LIABILITIES	
TOTAL		Net Worth (Total Assets Less Total Liabilities)	
TOTAL		TOTAL	

Annual Income	App/Co-App	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			
		☐ Check here if "None"	
TOTAL INCOME		TOTAL CONTINGENT LIABILITIES	

# SCHEDULE 1 DUE FROM FRIENDS, RELATIVES, & OTHERS

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

# SCHEDULE 2 MORTGAGE AND CONTRACTS FOR DEED OWNED

Name of Debtor	Type of Property	1 <sup>st</sup> or 2 <sup>nd</sup> 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**

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

# SCHEDULE 6 MORTGAGES OR LIENS ON REAL ESTATE

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

# SCHEDULE 7 NOTES PAYABLE BANKS & OTHER INSTALLMENT CONTRACTS PAYABLE

To whom payable	Address	Collateral or Unsecured	How payable	Unpaid Balance
			\$ per	

	<u>APP</u>	<u>LICANT</u>	CO-APF	PLICANT
Have you ever gone through bankruptcy or had a judgement against you?	□Ye	s □No	□Yes	□No
Are any assets pledged or debts secured except as sh	own? □Ye	s □No	□Yes	□No
Have you made a will?	□Ye	s □No	□Yes	□No
Number of Dependents (If "None" check None)		□None	□	lNone
Marital Status (answer only is this financial statement is provided in connection with a request for secured cred applicant is seeking a joint account with spouse.)	t or □Se □Ur (Unn	arried parated married narried includ owed)	□Marrie □Separ □Unma de single,	ated rried
The foregoing statement, submitted for the purpose of fairly shows my/our financial condition at the time ind subsequent substantial change in such financial cond to you. I/we understand that you will retain this person credit in connection with which it is submitted. You are history or any other information contained herein.	cated. I/we will give you tion occurring before al financial statement	ou prompt w discharge of whether or n	ritten not my/our o ot you ap	ice of any obligations oprove the
THE UNDERSIGNED CERTIFY THAT THE IN HAS BEEN CAREFULLY REVIEWED AND THAT		_		
Date Your Signature				
Date Co-Applicant Signature (if you are re	questing the financial a	accommodat	ion jointly	<u>')</u>