

**To:** FIRST NATIONAL BANK OF NORTHFIELD  
329 DIVISION STREET  
NORTHFIELD, MINNESOTA 55057  
507-645-5656

**PERSONAL  
FINANCIAL STATEMENT**

You may apply for an extension of credit individually or jointly with another applicant. This statement and any applicable supporting schedules may be completed jointly by co-applicants if their assets and liabilities can be meaningfully and fairly presented on a combined basis, otherwise separate statements and schedules must be provided. If you are applying for an unsecured separate loan you do not need to complete any information concerning a joint applicant or other person unless you wish the joint applicant's or other person's income to be relied upon as the basis for repayment. For the purpose of obtaining credit from time to time with the bank, the following statement and information are furnished as a complete, true, and accurate statement of the financial condition of the undersigned on \_\_\_\_\_, 20\_\_\_\_

**APPLICANT**

Name \_\_\_\_\_ Social Security number \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Date of birth \_\_\_\_\_ Email address \_\_\_\_\_

Present employer \_\_\_\_\_ How long \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Previous employer \_\_\_\_\_ How long \_\_\_\_\_ Position \_\_\_\_\_

Business phone \_\_\_\_\_ Loan Purpose \_\_\_\_\_

**CO-APPLICANT**

Name \_\_\_\_\_ Social Security number \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ Date of birth \_\_\_\_\_ Email address \_\_\_\_\_

Present employer \_\_\_\_\_ How long \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Previous employer \_\_\_\_\_ How long \_\_\_\_\_ Position \_\_\_\_\_

Business phone \_\_\_\_\_ Loan purpose \_\_\_\_\_

ASSETS (Assets you own)		AMOUNT	DATE OF VALUATION	
			LIABILITIES (debts you owe)	
Cash in this bank:	Checking		Loans payable to banks (schedule 7)	
	Savings		Loans payable to others (schedule 7)	
	CDs			
Cash in other banks			Amounts due to dept. stores and others	
			Credit cards	
Due from friends, relatives & others (schedule 1)			Development Expense on Lots (Total)	
Mortgage & contracts for deed owned (schedule 2)			Income taxes payable	
Securities owned (schedule 3)			Other taxes payable	
Cash surrender value of life insurance (schedule 4)			Business	
Homestead (schedule 5)			Loans on life insurance (schedule 4)	
Other real estate owned (schedule 5 less homestead)				
Automobiles (year, make, model)			Mortgage on homestead (schedule 6)	
			Mortgage on other real estate (schedule 6)	
			Contracts of deed (schedule 6)	
Personal property (e.g.: antiques, sporting goods, other assets)				
			Other liabilities (detail)	
Business Value				
			TOTAL LIABILITIES	
Retirement Plans (schedule 8)			NET WORTH (total assets less total liabilities)	

TOTAL ASSETS \_\_\_\_\_

TOTAL LIABILITIES + NET WORTH \_\_\_\_\_

**ANNUAL INCOME**

**CONTINGENT LIABILITIES**

	Applicant	Co-Applicant	To whom	What for	Amount
Salary					
Commissions					
Dividends					
Interest					
Rentals					
Alimony, child support or maintenance (you need not show this unless you wish us to consider it).			Lawsuits		
			For Taxes		
			Other (detail)		
Bonus					
Other Contract			Check here if "none"		

TOTAL INCOME \_\_\_\_\_

TOTAL CONTINGENT LIABILITIES \_\_\_\_\_

**SCHEDULE 1 DUE FROM FRIENDS, RELATIVES**

Name of debtor	Owed to	Collateral	How payable	Maturity date	Balance
			\$ per		
			\$ 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	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 REALESTATE**

List type of Property and Address	Title in name (s) of	Monthly Income	Cost Year Acquired	Present Market Value	My share of Net Value
Homestead			\$ year		
			\$ year		
			\$ year		
			\$ year		

**SCHEDULE 6 MORTGAGES OR LIENS ON REAL ESTATE**

To whom payable	How payable	Interest Rate	Maturity Date	Unpaid Balance	My Portion of Debt
Homestead	\$ per				
	\$ per				
	\$ per				
	\$ per				
	\$ per				

**SCHEDULE 7 LOANS PAYABLE TO BANKS & OTHERS**

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

**SCHEDULE 8 RETIREMENT PLANS**

Type of plan	Carrier	Owner of Account	Current Value

**SCHEDULE 9 LEASES**

To whom payable	Address	Property	How Payable	Due Date	Buyout Balance
			\$ per		
			\$ per		
			\$ per		

(Check correct answer)

APPLICANT

CO-APPLICANT

Have I ever gone through bankruptcy?  
If yes, when? \_\_\_\_\_

Yes          No          Yes          No

Have I ever had a judgment against me?

Yes          No          Yes          No

Are any assets pledged or debts secured except as shown?  
If yes, what? \_\_\_\_\_

Yes          No          Yes          No

Have I made a will?

Yes          No          Yes          No

Number of dependents  
(if none, check "none")

\_\_\_\_\_ or          None          \_\_\_\_\_ or          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.)

Married                                  Married  
Separated                                Separated  
Unmarried                                Unmarried

(Unmarried includes single, divorced, widowed)

The undersigned certify that the information provided by this statement is true and correct in all respects. So long as the undersigned owe any sums to the Bank, the undersigned agree to give the Bank prompt written notice of any material change in the undersigned's financial condition. The Bank is authorized to retain this personal financial statement whether or not credit is approved and is further authorized to verify the undersigned's 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    My signature

\_\_\_\_\_  
Date    Co-applicant signature (if you are requesting the financial accommodation jointly)