

PERSONAL FINANCIAL STATEMENT

FEEL FREE TO CONTACT US WITH ANY
QUESTIONS WHEN COMPLETING THIS FORM.

Check appropriate box concerning credit request:

_____ You are applying for individual credit in your own name and are relying on your own income or assets and not the the incom or assets of another person.

_____ This is an application for joint credit with another person.
We intend to apply for joint credit. Please initial here: _____

_____ You are applying for individual credit, but are relying on the income or assets of another person as the basis for repayment of the credit requested.

APPLICANT

NAME: _____ SOC. SEC. # _____

ADDRESS: _____ ZIP CODE: _____

TELEPHONE #: _____ DOB: _____

PRESENT EMPLOYER: _____

POSITION: _____

HOW LONG EMPLOYED? _____

ADDRESS: _____ ZIP CODE: _____

CO-APPLICANT

NAME: _____ SOC. SEC. #: _____

ADDRESS: _____ ZIP CODE: _____

TELEPHONE #: _____ DOB: _____

PRESENT EMPLOYER: _____

POSITION: _____

HOW LONG EMPLOYED? _____

ADDRESS: _____ ZIP CODE: _____

Assets of Borrower	Amount	Liabilities of Borrower	Amount
Cash in Bank Accounts		Total Installment Loans (Sched. 5)	
Due from Friends & Family (Sched. 1)		Due Credit Cards	
Securities Owned (Sched. 2)		Mortgage(s) on Real Estate (Sched. 6)	
Real Estate (Sched. 3)		Income Taxes Payable	
Cash Value of Life Insurance (Sched. 4)		Other Liabilities	
Automobiles			
Personal Property			
Total Assets		Total Liabilities	<input type="text"/>

Net Worth
(Total Assets less Total Liabilities)

Cash in Bank Accounts

Bank	Amount

Schedule 1: Due from Friends, Relatives, & Others

Name of Debtor	Collateral	Payment Terms	Balance

Schedule 2: Securities Owned

Account Description	Name Registered In	Current Value

Schedule 3: Real Estate

Address & Type of Property	Title in name(s) of	Monthly Income	Current Value

Schedule 4: Life Insurance

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

Schedule 5: Installment Loans

To Whom Payable	Collateral	Payment Terms	Balance

Schedule 6: Mortgages or Liens on Real Estate

To Whom Payable	Address	Payment Terms	Balance

Please Circle the appropriate answer:

	<u>Applicant</u>		<u>Co-Applicant</u>	
Have you ever gone through bankruptcy or had a judgement against you?	YES	NO	YES	NO
Are any assets pledged or debts secured except as shown?	YES	NO	YES	NO
Have you made a will?	YES	NO	YES	NO
Are there any suits or legal actions pending against you?	YES	NO	YES	NO
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)			

This Personal Financial Statement, submitted for the purpose of obtaining and maintaining credit with First State Bank of Wabasha, is accurate, true and complete. The information in this statement is a fair depiction of my/our financial condition as of the indicated date. I/we agree to notify First State Bank of Wabasha in writing of any significant changes that occur to my/our financial condition. I/we authorize First State Bank of Wabasha to make any and all necessary inquiries of my/our credit and employment history in connection with this personal financial statement. I/we understand that First State Bank of Wabasha will keep this personal financial statement even if an approval of credit is not obtained.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION
CONTAINED ON THIS FORM IS ACCURATE AND TRUE IN ALL RESPECTS.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

(if you are requesting the financial
accommodation jointly)

DATE