



EQUAL HOUSING LENDER / MEMBER FDIC

**1101 First Street SE
New Prague, MN 56071
Phone: (952)758-4491
Fax: (952)758-5058**

PERSONAL FINANCIAL STATEMENT

Thank you for your loan application. In order for us to better determine the best loan for your needs, please take a few moments to describe your financial condition. If you have any questions about completing this form, please contact your representative at the Bank.

Applicant:

Name:	
Social Security #:	Driver's License #:
Home Address:	
Home Phone #:	Date of Birth:
Present Employer:	Position:
Employer's Address:	
Employer's Phone #:	Length of Employment:

Co-Applicant: Complete this section only if you are applying for joint credit; or relying on the income from alimony, child support or separate maintenance of another person as the basis for repayment of the credit.

Name:	
Social Security #:	Driver's License #:
Home Address:	
Home Phone #:	Date of Birth:
Present Employer:	Position:
Employer's Address:	
Employer's Phone #:	Length of Employment:

Valuation Date _____ (Round all amounts to nearest \$100) *Attach separate sheets if needed.*

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Assets	Amount	Liabilities	Amount
Cash in this Bank		Notes Payable to Others (sch 5)	
Cash in other Banks (detail)		Installment Contracts Payable (sch 5)	
		Credit Cards, Charge Cards, Other (sch 6)	
Due from Friends, Relatives & Others		Income Taxes Payable	
Mortgages/Contracts for Deed Owned (sch 1)		Other Taxes Payable	
Securities Owned (sch 2)			
Cash Surrender Value of Life Insurance (sch 3)		Loans on Life Insurance (sch 3)	
Homestead (sch 4)		Mortgages/Liens on Homestead (sch 4)	
Other Real Estate Owned (sch 4)		Mortgages/Liens on Other Real Estate Owned (sch 4)	
Automobiles			
Profit Sharing/Pension Plan/IRA			
Personal Property		Other Liabilities (detail)	
Other Assets (detail)			
Total Assets		Total Liabilities	
		Net Worth (Total Assets Less Total Liabilities)	
		Contingent Liabilities (sch 7)	
		Available Credit Lines (sch 6)	

Annual Cash Flow Statement

Income	Amount	Expenses or Cash Outlays	Amount
Gross W-2 Income: Applicant		Income Taxes (Federal & State)	
Gross W-2 Income: Co-Applicant		Home Mortgage (PITI)	
Commissions		Auto Loan/Lease Payments	
Dividends		Other Bank Debt	
Interest		Credit Cards	
		Education	
Rental Income		Other Real Estate Expense	
Partnership Income		Partnership / Investment Payments	
Alimony/Child Support (<i>Note: Alimony, Child Support, or Separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</i>)		Household & Family Expenses	
Other		Other Alimony / Child Support / Separate Maintenance Payments	
Other		Dependent Care Expenses	
Other		Life / Health Insurance Premiums	
Other		Other	
Total Income		Total Expenses	
		Net Discretionary Income (Total income less total expenses)	

Schedule 1: Mortgages \ Contracts for Deed Owned

Name of Debtor	Property Type	Contract Payment Schedule	Contract Maturity	Existing Mortgages on Property	Contract Balance
Total					

Schedule 2: Marketable Securities Owned (please list only securities traded on recognized stock exchanges)

No. Shares / Bond Amount	Security Description	In Whose Name Registered	Acquisition Cost	Present Market Value
Total				

Schedule 3: Life Insurance

Name of Insured	Insurance Company	Name of Beneficiary	Face Value of Policy	Cash Value	Policy Loan Amt
Totals					

Schedule 4: Real Estate Owned

Property Type \ Address	Type of Ownership	Cost /Year Acquired	Payment Terms	Est. Market Value	Mortgage Balance	Monthly Payment	Monthly Income
Homestead	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust	Cost: Yr Acq:	Rate: Pmt: Mat:				
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust	Cost: Yr Acq:	Rate: Pmt: Mat:				
	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust	Cost: Yr Acq:	Rate: Pmt: Mat:				
Totals:							

Schedule 5: Notes / Contracts Payable To Banks And Others And Installment Contracts Payable

To Whom Payable	Original Purpose	Collateral Secured or Unsecured	Monthly Payment	Maturity	Unpaid Balance
Total					

Schedule 6: Bank Lines of Credit, Credit Cards and Other Lines

	To Whom Payable	Credit Limit	Outstanding	Available
Bank Lines				
Credit / Charge Cards				
Other				
			Total	

Schedule 7: Contingent Liabilities (please complete if you are a co-maker, endorser or guarantor on any debts)

Payable To Whom	Payment Terms	Amount Due
		Total

Nearest Relatives not living with you:

Name	Address	Phone

Representations	Applicant	Co-Applicant
1. Have you ever filed for bankruptcy or had a judgment against you?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Are any assets pledged or debts secured except as shown on this statement?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. Have you made a will?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. Number of dependents?	___ <input type="checkbox"/> None	___ <input type="checkbox"/> None
5. Marital Status (<i>Answer this question ONLY if this financial statement is provided in connection with a request for secured credit where the collateral is located in a community property state, if you reside in a community property state, or if you are requesting a joint account with your spouse.</i>)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separate	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separate
6. Have you ever been convicted for any criminal offense other than a minor vehicle violation? If yes, explain:	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

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 notice of any subsequent substantial change in such financial condition occurring before the discharge of my/our obligations to you. I/We understand that State Bank of New Prague will retain this personal financial statement whether or not the credit for which this statement is submitted is approved. I/We hereby authorize State Bank of New Prague 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	Applicant's Signature
Date	Co-Applicant's Signature