

Northwoods Bank of Minnesota
1200 East First Street Park Rapids MN 56470
218-732-7221

Personal Financial Statement

			Date of Statement:		
Name:		SS#	Employer:		
Name:		SS#	Employer:		
Address:			Home Phone:		
City, State, Zip Code:			Business Phone:		
	Assets	Amount in Dollars		Liabilities	Amount in Dollars
Schedule 1	Cash - checking, savings, on hand		Schedule 6	Current Debt (Accounts Payable)	
Schedule 2	Securities - stocks / bonds / mutual funds		Schedule 7	Real estate mortgages	
	Notes & contracts receivable			Taxes payable	
Schedule 3	Retirement Funds (eg. IRAs, 401(k))		Other Liabilities (specify):		
Schedule 4	Life insurance (cash surrender value)				
	Personal Property, HHGS				
Schedule 5	Real Estate Owned				
Other					
				Total Liabilities	
	Total Assets			Net Worth	
GROSS ANNUAL INCOME	Year Ended 12/31/	AMOUNT	MONTHLY EXPENSES	AMOUNT	
	Salary or Wages		Payments on Mortgages		
	Bonus and Commission		Payments on All Other Loans		
	Dividends and Interest		Other Expenses		
	Rental and Lease Income				
	Other Income				
	Total Annual Income		Total Monthly Expenses		
CONTINGENT LIABILITY				AMOUNT	
As a co-maker or guarantor on notes or leases					
As a partner or officer in any other venture (if so describe)					
Defendant in any legal action (explain)					
Total Contingent Liability					
<p>The information contained in this statement for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness, including obtaining personal credit bureau reports. You are authorized to answer questions about your credit experience with me/us.</p>					
<p>Notice: The State Laws against discrimination require that all creditors make credit equally available to all credit-worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The State Civil Rights Commission administers compliance with this law.</p>			Signature:	D.O.B.	
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Schedule 1: Checking and Savings Accounts				
	Bank Name	Account Holder Name	Type(s) of Account	Balance
Total				

Schedule 2: Securities / stocks / bonds / mutual funds / stock in closely held companies (Attach additional information if needed)					
	Name of Investment	Date of Acquisition	Number of Shares	Price Per Share	Total Value
Total					

Schedule 3: IRA's, 401(k), Retirement Accounts				
	Bank / Brokerage	Amount	Name	Total Value
Total				

Schedule 4: Life Insurance				
	Company Name / Person Insured	Beneficiary	Face Amount	Cash Value
Total Cash Value				

Schedule 5 & 7: Real Estate (Attach additional information if needed)					
	Description / Location	Creditor Name	Monthly Payment	Amount Due	Market Value
Totals					

Schedule 6: Accounts Payable & Installment Loans				
	Creditor Name	Collateral	Monthly Payment	Balance Due
Total				