



Applicant Information

APPLICANT	
Name _____	
Social Security Number _____	Date of Birth _____
Address _____	
Telephone Number _____	Cell Number _____
Drivers License Number _____	Expiration Date _____
Email Address _____	
Present Employer _____	Work Phone _____
Address _____	
How long _____	Position _____
Previous Employer _____	
How long _____	Position _____

CO-APPLICANT	
Name _____	
Social Security Number _____	Date of Birth _____
Address _____	
Telephone Number _____	Cell Number _____
Drivers License Number _____	Expiration Date _____
Email Address _____	
Present Employer _____	Work Phone _____
Address _____	
How long _____	Position _____
Previous Employer _____	
How long _____	Position _____

Loan Purpose _____	Amount Requested _____
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- Market Value
- Cost Value
- Both



PLEASE FILL OUT SCHEDULES FIRST, THEN CARRY BALANCES TO FRONT PAGE SUMMARY.

Personal Balance Sheet Summary

Name: _____	Date: _____
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Current Assets:	Amount	Current Liabilities:	Amount
Cash and Checking Balance (Schedule A)		Accounts Payable and Other Accrued Expenses	
Stocks and Bonds (Schedule B)		(Schedule K)	
Other Current Assets (Schedule C)		Current Loans (Schedule L)	
Total Current Assets		Total Current Liabilities	

Noncurrent Assets:	Cost value	Market value	Noncurrent Liabilities:	Amount
Household Furnishings and Appliances/Intangible Assets (Schedule D)			Noncurrent Loans (Schedule O)	
Personal Vehicles (Schedule E)				
Cash Value of Life Insurance (Schedule F)				
Retirement Plans (Schedule G)				
Personal Business Investment (Schedule I)				
Other Noncurrent Assets (Schedule J)				
Total Noncurrent Assets			Total Noncurrent Liabilities	

			Total Liabilities	
			Net Worth	
Total Assets			Total Liabilities & Net Worth	

ANNUAL INCOME	Applicant		Co-Applicant		CONTINGENT LIABILITIES		
	Applicant	Co-Applicant	To Whom	What For	Amount		
Salary (Example: \$30,000/year)	\$ /	\$ /					
Commissions	\$ /	\$ /					
Dividends	\$ /	\$ /					
Interest	\$ /	\$ /			Lawsuits		
Rentals	\$ /	\$ /			For Taxes		
Alimony/Maintenance	\$ /	\$ /			Other (detail)		
Child Support	\$ /	\$ /			Total Contingent Liabilities		
Bonus	\$ /	\$ /					
Cash Distributions	\$ /	\$ /			CHECK HERE IF NONE	<input type="checkbox"/>	
Total Income	\$ /	\$ /					

I certify that the statements made by me on this balance sheet are true, complete, and correct to the best of my knowledge and belief.

Date _____ Signature(s) _____

PERSONAL ASSETS

If more room is needed, please attach separate list

Schedule A: Cash and Checking Balance

	Account Description	Value
Cash on Hand		
Checking		
Savings		
CD's		
Total Cash and Checking Balance		

Schedule B: Stocks and Bonds

Quantity	Description	In Whose Name(s) Registered	Cost Value per Share	Market Value per Share	Dividends or Interest Received	Total Cost Value	Total Market Value
Total Stocks and Bonds							

Schedule E: Other Current Assets

Description	Quantity	Cost Value per Unit	Market Value per	Cost Value	Market Value
Total Other Current Assets					

Schedule D: Household Furnishings and Appliances/Intangible Assets

Description	Cost Value	Market Value
Total Household Furnishings and Appliances/Intangible Assets		

Schedule E: Personal Vehicles

Make/Model	Model Year	VIN/Serial Number	Year Purchased	% Ownership	Cost Value	Market Value
Total Personal Vehicles						

PERSONAL ASSETS

If more room is needed, please attach separate list

Schedule F: Cash Value of Life Insurance

Insured	Insurance Company	Beneficiary	Face Value of Policy	Cost Value	Market Value
Total Cash Value of Life Insurance					

Schedule G: Retirement Accounts

Type of Plan/Description	Carrier	Owner of Account	Cost Value	Market Value
Total Retirement Plans				

Schedule H: Personal Business Investment

Description	Source of Value	Cost Value	Market Value
Total Personal Business Investment			

Schedule I: Personal Real Estate (Specify Homestead)

Address	Type of Property	Parcel ID	Bareland Y/N	Cost Value	Market Value
Total Personal Real Estate					

Schedule J: Other Noncurrent Assets

Description	Quantity	Value per Unit	Cost Value	Market Value
Total Other Noncurrent Assets				

PERSONAL LIABILITIES

If more room is needed, please attach separate list

Schedule K: Accounts Payable and Other Accrued Expenses

To Whom Payable	Collateral or Unsecured	How Payable (Example: \$500/month)	Maturity Date (mm/dd/yy)	Unpaid Balance
		\$ /		
		\$ /		
		\$ /		
		\$ /		
		\$ /		
		\$ /		
		\$ /		
		\$ /		
		\$ /		
		\$ /		
Total Accounts Payable				

Schedule N: Current Loans (12 Months or Less) Example: Credit Card Debt

Lender	Interest Rate	Origin-ation Date	Term	Last Payment Date	P & I Payment (Example: \$500/month)	Month(s) Due (E = Every Month)	Maturity Date (mm/dd/yy)	Principal Balance
					\$ /			
					\$ /			
					\$ /			
					\$ /			
					\$ /			
					\$ /			
					\$ /			
					\$ /			
					\$ /			
Total Current Loans								

Schedule O: Noncurrent Loans (Over 12 Months) Example: Mortgage or Car Loan

Lender	Interest Rate	Origin-ation Date	Term	Last Payment Date	P & I Payment (Example: \$500/month)	Month(s) Due (E = Every Month)	Maturity Date (mm/dd/yy)	Principal Balance
					\$ /			
					\$ /			
					\$ /			
					\$ /			
					\$ /			
					\$ /			
					\$ /			
					\$ /			
					\$ /			
Total Current Loans								

	APPLICANT		CO-APPLICANT	
Have I ever gone through bankruptcy? If yes, when? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have I ever had a judgment against me?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any assets pledged or debts secured except as shown? If yes, what? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have I made a will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of dependents (if none, check "none")	_____ or <input type="checkbox"/> None		_____ or <input type="checkbox"/> 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)	<input type="checkbox"/> Married	<input type="checkbox"/> Married	<input type="checkbox"/> Married	<input type="checkbox"/> Married
	<input type="checkbox"/> Separated	<input type="checkbox"/> Separated	<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Unmarried
	(Unmarried includes single, divorced, widowed)			

I/We hereby certify that this financial statement is intended for use by The State Bank of Faribault ("the Bank") at 428 Central Avenue, Faribault, MN 55021 for the purpose of obtaining credit for the Applicant(s) or for the purpose of the Applicant(s) guaranteeing credit for others. I/We further certify that all information contained therein is true and correct in every detail and represents the financial condition of the Applicant(s) on the date given below.

The Bank is authorized to make all inquiries deemed necessary to verify the accuracy of the information contained therein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify the Bank of any subsequent changes, which would affect the accuracy of the enclosed statement. Applicant(s) are aware that any knowing or willing false statement regarding property values listed therein for purposes of influencing the action of the Bank can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both.

In addition, each individual signing below authorizes the Bank to check his or her individual credit account and employment history and have a credit reporting agency prepare a credit report on each.

The undersigned declares that he/she has read and understands the statement above.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____