



**PERSONAL FINANCIAL STATEMENT**

**CONFIDENTIAL**

**IMPORTANT: DIRECTIONS TO APPLICANT**

Read directions before completing Financial Statement.  
Please check appropriate box

**Individual credit**

If relying on your own income and assets and not the income and assets of a spouse or another person as a basis for extension or repayment or credit, complete the Financial Statement below only as it applies to you, individually. Do not provide any information about a spouse or other person. Sign the Financial Statement.

**Joint Credit**

**Individual relying upon income or assets of spouse or other person.**

If applying for joint credit or for individual credit relying on income or assets of a spouse or another person for extension and repayment of credit requested, complete the Financial Statement below. Include information about income, assets and liabilities of the spouse or other person. Both Applicant and Spouse or Co-Applicant sign this statement.

To: <b>ONB BANK</b>			
Address: <b>975 34TH AVENUE NW</b>			
<b>ROCHESTER, MN 55901</b>			
<b>(507) 280-0621</b>			
Personal Financial Statement as of:			
	(DATE)		
<b>APPLICANT'S NAME(S):</b>			
<b>HOME ADDRESS:</b>		<b>BUSINESS ADDRESS:</b>	<b>BUSINESS NAME:</b>
<b>HOME PHONE NO.:</b>		<b>BUSINESS PHONE NO.:</b>	

Please do not leave any questions unanswered. Use "no" or "none" where necessary.

<b>Assets</b>	<b>In Even Dollars</b>	<b>Liabilities and Net Worth</b>	<b>In Even Dollars</b>
Cash on hand and in Banks—See Schedule A		Notes Payable: This Bank—See Schedule A	
U.S. Government Securities—See Schedule B		Notes Payable: Other Institutions—See	
Listed Securities—See Schedule B		Schedule A	
Unlisted Securities—See Schedule B		Notes Payable—Relatives	
Other Equity Interests—See Schedule B		Notes Payable—Others	
Accounts and Notes Receivable		Accounts and Bills Due	
Real Estate Owned—See Schedule C		Unpaid Taxes	
Mortgages and Land Contracts Receivable—		Real Estate Mortgages Payable—See	
See Schedule D		Schedule C or D	
Cash Value Life Insurance—See Schedule E		Land Contracts Payable—See Schedule C or D	
Other Assets: Itemize		Life Insurance Loans—See Schedule E	
		Other Liabilities: Itemize	
		<b>TOTAL LIABILITIES</b>	\$ -
		<b>NET WORTH</b>	\$ -
<b>TOTAL ASSETS</b>	\$ -	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$ -

<b>Sources of Income</b>	<b>In Even Dollars</b>	<b>General Information</b>	
Salary		Employer:	No. Years:
Bonus and Commissions		Position or Profession:	
Dividends		Employer's Address:	
Real Estate Income		Phone No.	
*Other Income: Itemize		Partner, officer or owner in any other venture? (Yes/ No) If Yes, explain:	
<b>TOTAL</b>	\$ -	Are any assets pledged? (Yes/No) If Yes, Detail in Schedule A	
*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under a court order or written agreement or oral understanding.		Income taxes settled through (Date):	

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ATTACHED SCHEDULES**

<b>Contingent Liabilities:</b>	<b>In Even Dollars</b>	<b>General Information (continued)</b>			
As endorser, co-maker or guarantor		Are you a defendant in any suits or legal action? (Yes/No)			
On leases		If Yes, explain:			
Legal claims		Have you ever taken bankruptcy? (Yes /No)			
Provision for federal income taxes		If Yes, explain:			
Other special debt, e.g., recourse or repurchase liability		Do you have a will?		With whom?	
		Do you have a trust?		With whom?	
<b>TOTAL</b>	\$ -	Number of dependents:		Ages:	

<b>Schedule A: Banks, Brokers, Savings &amp; Loan Association, Finance Companies or Credit Unions.</b> List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.						
<i>Name of Institution</i>	<i>Name on Account</i>	<i>Balance on Deposit</i>	<i>High Credit</i>	<i>Amount Owing</i>	<i>Monthly Payment</i>	<i>Secured by What Assets</i>
<b>TOTAL</b>		\$ -	<b>TOTAL</b>	\$ -	\$ -	

<b>Schedule B: U.S. Governments, Stocks (Listed &amp; Unlisted), Bonds (Gov't &amp; Comm.), and Partnership Interests (General &amp; Ltd.)</b>						
<i>Number of Shares, Face Value (Bonds), or % of Ownership</i>	<i>Indicate:</i>	<i>In Name of</i>	<i>*Market Value</i>	<i>Pledged</i>		
	1. Agency or name of company issuing security or name of partnership 2. Type of investment or equity classification 3. Number of shares, bonds or % of ownership held 4. Basis of valuation*			Yes	No	
			<b>TOTAL</b>	\$ -		

\*If unlisted security or partnership interest, provide current financial statements to support basis for valuation.

<b>Schedule E: Life Insurance Carried</b>				
<i>Name of Company</i>	<i>Face Amount</i>	<i>Cash Surrender Value</i>	<i>Loans</i>	<i>Beneficiary</i>
<b>TOTAL</b>	\$ -	\$ -	\$ -	

