

## **Personal Financial Statement**

Name	Business Phone							
Home Address	e Address Home Phone							
City, State, & Zip Code								
Business Name of Applicant/Borrower								
Business Address (if different than home address)								
This information is current as of (month/date/year)								
Marital Status:	Married		Unmarried	Separated				
	ASSETS	(Omit Cents)		LIABILITIES	(Omit Cents)			
Cash on Hand and in Banks	ue Only		Accounts Payable	Total				
Section 1. Source of Income			Contingent Liabilities  As Endorser or Co-Maker					
Salary  Net Investment Income  Real Estate Income  Other Income (Describe below)	·····		As Endorser or Co-Maker  Legal Claims & Judgments  Provision for Federal Income Ta  Other Special Debt	x				
Description of Other Income in have such payments counted toward		nony or child support	payments should not be disclosed	in "Other Income" ι	unless it is desired to			

<b>Section 2. Notes Payable to Banks and Others</b> (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)									
Names and Addresses of Noteholder(s)		Original Current Balance Balance		Payment Amount	Frequency (monthly, etc.		How Secured or Endorsed Type of Collateral		
Section 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)									
Number of Shares Name of Securit		ecurities	Cost			te of n/Exchange	Total Value		
Section 4. Real Estate statement and signed.)	e Owned (List e	each parcel se	parately. Use attach	ment if necessary. Eac	h attachment mu	st be identifie	d as part of this		
		Pro	perty A	Proper	ty B		Property C		
Type of Real Estate (e Primary Residence, C Residence, Rental Pro	Other								
Land, etc.) Address									
Date Purchased									
Original Cost									
Present Market Value	2								
Name & Address of N Holder	Mortgage								
Mortgage Account N	umber								
Mortgage Balance									
Amount of Payment Month/Year	per								
Status of Mortgage									
Section 5. Other Pers					s security, state n	ame and addr	ess of lien holder,		

Section 6. Unpaid Taxes (Describe in detail as to type, to whom payable,	when due, amount, and to what property, if any, a tax lien attaches.)			
Section 7. Other Liabilities (Describe in detail.)				
Section 8. Life Insurance Held (Give face amount and cash surrender val	ue of policies – name of insurance company and Beneficiaries.)			
I authorize Turtle Mountain State Bank (TMSB) to make inquiries as r	necessary to verify the accuracy of the statements made and to			
determine my creditworthiness.				
<u>CERTIFICATION:</u> (To be completed by each person submitting the information requested on this form and the spouse of any 20% or				
more owner when spousal assets are included.)				
By signing this form, I certify under negalty of criminal prosecution t	hat all information on this form and any additional supporting			
By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form are true and complete to the best of my knowledge. I understand that TMSB or its participating				
Lenders will rely on this information when making decisions regarding	ng an application for a loan.			
Signature	Date			
Print Name	Social Security No.			
Signature	Date			
Print Name	Social Security No.			
	Social Security No.			