

# Personal Financial Statement

## ***Drake Bank***

60 East Plato Blvd.  
St. Paul, MN 55107  
(651) 224-5000

**CONTACT YOUR REPRESENTATIVE AT THE BANK  
IF YOU HAVE ANY QUESTIONS REGARDING THE  
COMPLETION OF THIS FORM**

YOU MAY APPLY FOR A CREDIT EXTENSION OR FINANCIAL ACCOMMODATION INDIVIDUALLY OR JOINTLY WITH A CO-APPLICANT. THIS STATEMENT AND ANY APPLICABLE SUPPORTING SCHEDULES MAY BE COMPLETED JOINTLY BY BOTH MARRIED AND UNMARRIED CO-APPLICANTS IF THEIR ASSETS AND LIABILITIES ARE SUFFICIENTLY JOINED SO THAT THE STATEMENT CAN BE MEANINGFULLY AND FAIRLY PRESENTED ON A COMBINED BASIS; OTHERWISE SEPARATE STATEMENTS AND SCHEDULES ARE REQUIRED.

### APPLICANT

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

### CO-APPLICANT

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

DATE OF VALUATION \_\_\_\_\_

- Round all amounts to the nearest \$100
- Attach separate sheet if you need more space to complete a schedule

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in this Bank		Notes Payable Banks (Schedule 7)	
Cash in other Banks (Detail)		Notes Payable Others (Schedule 7)	
		Installment Contracts Payable (Schedule 7)	
		Credit Cards or Department Cards	
Due from Friends, Relatives, & Others (Sched. 1)			
		Income Taxes Payable	
Mortgage & Contracts for Deed Owned (Sched. 2)		Other Taxes Payable	
Securities Owned (Schedule 3)			
Cash Surrender Value of Life Insur. (Sched. 4)		Loans on Life Insurance (Schedule 4)	
Homestead (Schedule 5)			
Other Real Estate Owned (Schedule 5)		Mortgage on Homestead (Schedule 6)	
Automobiles		Mortgage or Liens on Other Real Estate	
		Owned (Schedule 6)	
Personal Property		Other Liabilities (Detail)	
Other Assets (Detail)			
		TOTAL LIABILITIES	
		Net worth (Total assets less total liabilities)	
<b>TOTAL</b>		<b>TOTAL</b>	

ANNUAL INCOME	APPLICANT	CO-APPLICANT	CONTINGENT LIABILITIES	AMOUNT
Salary			As endorser	
Commissions			As guarantor	
Dividends			Lawsuits	
Interest			For taxes	
Rentals			Other (Detail)	
Alimony, child support or maintenance (you need not show this unless you wish us to consider it)				
Other			<input type="checkbox"/> Check here if "None"	
<b>TOTAL INCOME</b>			<b>TOTAL CONTINGENT LIABILITIES</b>	

**SCHEDULE 1 DUE FROM FRIENDS, RELATIVES & OTHERS**

Name of Debtor	Owed To	Collateral	How Payable	Maturity Date	Unpaid Balance
			\$ per		
			\$ per		
			\$ per		

**SCHEDULE 2 MORTGAGE AND CONTRACTS FOR DEED OWNED**

Name of Debtor	Type of Property	1 <sup>st</sup> or 2 <sup>nd</sup> Lien	Owed To	How Payable	Unpaid balance
				\$ per	
				\$ per	
				\$ per	
				<b>TOTAL</b>	



	<u>Applicant</u>	<u>Co-Applicant</u>
Have you ever gone through bankruptcy or had a judgment against you? If yes, when_____?	<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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you made a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Dependents	_____ <input type="checkbox"/> None	_____ <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"/> Separated	<input type="checkbox"/> Separated
	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Unmarried
	(Unmarried includes single, divorced, widowed)	

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 written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized 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 REVIEWD AND THAT IT IS TRUE AND CORRECT IN ALL RESPECT.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature  
*(if you are requesting the financial accommodation jointly)*