

PERSONAL FINANCIAL STATEMENT (4 pages)

**CONTACT YOUR REPRESENTATIVE AT GRAND RAPIDS STATE 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
PRESENT EMPLOYER	POSITION
ADDRESS	

CO-APPLICANT

NAME	SOCIAL SECURITY #
ADDRESS	
TELEPHONE NUMBER	DATE OF BIRTH
PRESENT EMPLOYER	POSITION
ADDRESS	

DATE OF VALUATION _____ *Round all amounts to the nearest \$100
*Attach separate sheet if you need more space to complete detail 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)	
		Due Dept. Store Credit Cards & Others	
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)			

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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)	
TOTAL		TOTAL	

ANNUAL INCOME	APPLICANT	CO-APPLICANT	CONTINGENT LIABILITIES
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			___ Check here if "None"
TOTAL INCOME			TOTAL CONTINGENT LIABILITIES

SCHEDULE 1 DUE FROM FRIENDS, RELATIVES & OTHERS					
Name of Debtor	Owed To	Collateral	How Payable	Maturity Date	Unpaid Balance
			\$ per		
			\$ per		
			\$ per		
TOTAL					

SCHEDULE 2 MORTGAGE AND CONTRACTS FOR DEED OWNED					
Name of Debtor	Type of Property	1st or 2nd Lien	Owed To	How Payable	Unpaid Balance
				\$ per	
				\$ per	
				\$ per	
				\$ per	
TOTAL					

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SCHEDULE 3 SECURITIES OWNED					
No. Shares or Bond Amount	Description	In Whose Name(s) Registered	Cost	Present Market Value	L-Listed U-Unlisted
TOTAL					

SCHEDULE 4 LIFE INSURANCE					
Insured	Insurance Company	Beneficiary	Face Value of Policy	Cash Value	Loans
TOTAL					

SCHEDULE 5 REAL ESTATE					
Address and Type of Property	Title in Name(s) of	Monthly Income	Cost Year Acquired	Present Market Value	Amount of Insurance
Homestead			\$ Year		
			\$ Year		
			\$ Year		
			\$ Year		
			\$ Year		
			\$ Year		

SCHEDULE 6 MORTGAGES OR LIENS ON REAL ESTATE				
To Whom Payable	How Payable	Interest Rate	Maturity Date	Unpaid Balance
	\$ per			
	\$ per			
	\$ per			
	\$ per			
	\$ per			

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SCHEDULE 7 NOTES PAYABLE BANKS & OTHERS AND INSTALLMENT CONTRACTS PAYABLE

To Whom Payable	Address	Collateral or Unsecured	How Payable	Unpaid Balance

	APPLICANT	CO-APPLICANT
Have you ever gone through bankruptcy or had a judgment against you?	<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 (If "None" check None)	<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 (Unmarried includes single, divorced, widowed)	<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 REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

_____ DATE	_____ YOUR SIGNATURE
_____ DATE	_____ CO-APPLICANT SIGNATURE (If you are requesting the financial accommodation jointly)

Please mail or return the form to:
 Grand Rapids State Bank
 523 NW 1st Avenue
 Grand Rapids, MN 55744