

Personal Financial Statement



Important Applicant Information: Federal Law required financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

TYPE OF CREDIT REQUESTED

IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.

- SECURED INDIVIDUAL CREDIT – relying solely on my income or assets
- UNSECURED INDIVIDUAL CREDIT – relying solely on my income or assets as well as income or assets from other sources
- JOINT CREDIT – We intend to apply for joint credit. (initials) _____
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APPLICANT

Name _____
Social Security #

Address

Telephone _____
Date of Birth

Cell Phone _____
Email

Present Employer _____
Position

Employer's Address

CO-APPLICANT

Name _____
Social Security #

Address

Telephone _____
Date of Birth

Cell Phone _____
Email

Present Employer _____
Position

Employer's 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. Stores, Credit Cards and Other	
Due from Friends, Relatives and Others (Schedule 1)		Income Taxes Payable	
Mortgage and Contracts for Deed Owned (Schedule 2)		Other Taxes Payable	
Securities Owned (Schedule 3)			
Cash Surrender Value of Life Insurance (Schedule 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 of Other Real Estate Owned (Schedule 6)	
Personal Property			
		Other Liabilities (Detail)	
Other Assets (Detail)			
		TOTAL LIABILITIES	
		NET WORTH (Total Assets Less Total Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

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 AND OTHERS

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

SCHEDULE 2—MORTGAGE AND CONTRACTS FOR DEED OWNED

Name of Debtor	Type of Property	1 st or 2 nd Lien	Owed to	How Payable	Unpaid Balance
				\$ per	
				\$ per	
				\$ per	
				\$ per	
TOTAL					

	APPLICANT		CO-APPLICANT	
Have you ever gone through bankruptcy or had a judgment against you?	_____ Yes	_____ No	_____ Yes	_____ No
Are any assets pledged or debts secured except as shown?	_____ Yes	_____ No	_____ Yes	_____ No
Have you made a Will?	_____ Yes	_____ No	_____ Yes	_____ No
Number of Dependents (If "None" check none)	_____	_____ None	_____	_____ 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.)	_____	Married	_____	Married
	_____	Separated	_____	Separated
	_____	Unmarried	_____	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 show my/our financial condition at the time indicated. I/we will give 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

Your Signature
(If you are requesting the financial accommodation jointly)

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Brookings, SD 57006
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ELKTON
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Elkton, SD 57026
605.542.2681

VOLGA
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605.627.9121