



NORTHLAND
FINANCIAL
GROUP, INC.

Personal Financial Statement

As of _____

Complete this form for (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any other person or entity providing a guarantee on the loan.

Name _____ Business Phone _____
 Residence Address _____ Residence Phone _____
 City, State, Zip _____
 Business Name of Applicant/Borrower _____

Assets	(Omit Cents)	Liabilities	(Omit Cents)
Cash on hand & in banks.....	\$ _____	Accounts payable.....	\$ _____
Savings accounts.....	\$ _____	Notes payable to banks and others.....	\$ _____
IRA or other retirement account.....	\$ _____	(Describe in section 2)	
Accounts & notes receivable.....	\$ _____	Installment account (Auto).....	\$ _____
Life insurance-cash surrender value only....	\$ _____	Monthly payments \$ _____	
(Complete in section 8)		Installment account (Other).....	\$ _____
Stocks & bonds(excludes IRA & 401K assets).....	\$ _____	Monthly payments \$ _____	
(Describe in section 3)		Loan on life insurance.....	\$ _____
Real estate.....	\$ _____	Mortgages on real estate.....	\$ _____
(Describe in section 4)		(Describe in section 4)	
Automobile-present value.....	\$ _____	Unpaid taxes.....	\$ _____
Other personal property.....	\$ _____	(Describe in section 6)	
(Describe in section 5)		Other liabilities.....	\$ _____
Other assets.....	\$ _____	(Describe in section 7)	
(Describe in section 5)		Total liabilities.....	\$ _____
Total.....	\$ _____	Net worth	
		Calculate Total.....	\$ _____

Section 1. Source of income

Salary.....	\$ _____
Net investment income.....	\$ _____
Real estate income.....	\$ _____
Other income (describe below).....	\$ _____

Contingent liabilities

As endorser or co-maker.....	\$ _____
Legal claims & judgments.....	\$ _____
Provisions for Federal Income Tax.....	\$ _____
Other special debt.....	\$ _____

Description of other income in section 1.

Alimony or child support payments need not be disclosed in "Other income" unless it is desired to have such payments counted toward income.

Section 2. Notes payable to bank and others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and address of noteholder(s)	Original balance	Current 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 a part of this statement and signed.)

Name of Securities	Number of shares	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real estate owned. (List each parcel separately. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased (Month/ Year)			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/ Year			
Status of Mortgage			

Section 5. Other Personal Property and other assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

Section 6. Unpaid taxes. (Describe in detail, as to type, to whom, 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 value of policies- name of insurance company and beneficiaries.)

I authorize Lender to make inquiries if necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in the forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature:

Date:

Social Security Number: