



Personal Financial Statement

CONFIDENTIAL

Personal Financial Statement as of _____

Applicant's Name(s): _____

Home Address: _____

Home Phone: _____

IMPORTANT: DIRECTIONS TO APPLICANT

Please read directions prior to completing this Personal Financial Statement.
Please check the appropriate box.

Individual Credit – if relying on your own income and assets and not the income and assets of a spouse or another person as a basis for extension of repayment of credit, complete the Financial Statement below only as it applies to you individually. Do not provide any information about a spouse or another person.

Joint Credit – if applying for joint credit or for individual credit relying on income or assets of a spouse or another person for the extension and repayment of credit requested, complete the Financial Statement below. Include information about income, assets and liabilities of the spouse or other person. Both Applicant and Spouse or Co-Applicant must sign the completed Statement.

Individual Credit – with reliance upon income or assets of spouse or another person

General Information:

Current Employer _____

Position or Profession _____ #yrs _____

Employers Address _____

Employers Phone Number _____

Are you a Partner, Officer, or Owner in any other Venture? NO YES

If yes to above, please explain: _____

Are any assets pledged? NO YES If yes, Detail in Schedule A

Last Date of Settled Income Taxes _____

Are you a defendant in any suits or legal action? NO YES

If yes to above, please explain: _____

General Information Continued:

Have you ever taken Bankruptcy? NO YES

If yes to above, please explain: _____

Do you have a Will? NO YES If yes, with whom? _____

Do you have a Trust? NO YES If yes, with whom? _____

Number Of Dependents _____ Ages _____

Current Sources of Income:

Salary	\$ _____
Bonuses and Commissions	_____
Dividends	_____
Real Estate Income	_____
*Other Income: Itemize	_____
_____	_____
_____	_____
Total Income	\$ _____

*Alimony, Child support or Separate Maintenance Payments need not be disclosed unless relied upon as a basis for extension of credit.

If disclosed, payments are received under Court Order Written Agreement Oral Understanding

Contingent Liabilities:

As Endorser, co-maker or guarantor	\$ _____
XXX	_____
Legal Claims	_____
Provision for Federal Income Taxes	_____
Other special debt: Itemize	_____
_____	_____
_____	_____
Total Contingent Liabilities	\$ _____

ASSETS	IN EVEN DOLLARS \$
Cash on Hand in Banks – Schedule A	\$
U.S. Government Securities – Schedule B	
Listed Securities – Schedule B	
Unlisted Securities – Schedule B	
Other Equity Interests – Schedule B	
Accounts and Notes Receivable	
Real Estate Owned – Schedule C	
Mortgages and Land Contracts Receivable – Schedule D	
Cash Value Life Insurance – Schedule E	
Other Assets: Itemize	
TOTAL ASSETS	\$

LIABILITIES	IN EVEN DOLLARS \$
Notes Payable Bank – Schedule A	
Notes Payable Other Institutions – Schedule A	
Notes Payable – Relatives	
Notes Payable – Others	
Accounts and Bills Due	
Unpaid Taxes Due	
Real Estate Mortgages Payable – Schedule C or D	
Land Contracts Payable – Schedule C or D	
Life Insurance Loans – Schedule E	
Other Liabilities: Itemize	
TOTAL LIABILITIES	\$

Total Assets minus Total Liabilities equals Net Worth
 \$ _____ - \$ _____ = \$ _____

Schedule A: Banks, Brokers, Savings & Loan Association, Finance Companies or Credit Unions. List here the names of all the institutions at which you maintain a deposit and/or where you have obtained loans

Name of Institution	Name Of Account	Balance on Deposit	High Credit	Amount Owing	Monthly Payment	Secured By What Assets

Total \$ _____ Total \$ _____

Schedule B: U.S. Governments, Stocks (listed and Unlisted), Bonds (Gov't & Comm.) and Partnership Interests (General & Limited)

Number of Shares, Face Value(bonds), or % of Ownership	Indicate: 1. Agency or name of Company issuing Security or name of Partnership 2. Type of Investment or Equity Classification 3. Number of Shares, Bonds, or % of ownership held 4. Basis of Valuation*	In Name Of	*Market Value	Pledged	
				Yes	No

*If unlisted Security or Partnership interest, provide current financial statements to support basis for valuation

Total \$ _____

Schedule C: Real Estate Owned (and Related Debt, if Applicable)

Description of Property or Address	Title In Name Of	Date Acquired	Cost Plus Improvements	Present MKT. Value	Mortgage Or Land Contract Payable		
					Balance Owing	Monthly Payment	Holder

Total \$ _____ \$ _____ \$ _____ \$ _____

Schedule D: Real Estate Mortgages & Land Contracts Receivable (and Related Debt, if Applicable)

Description of Property or Address	Title In Name Of	Date Acquired	Balance Receivable	Monthly Payment	Mortgage Or Land Contract Payable		
					Balance Owing	Monthly Payment	Holder

Total \$ _____ \$ _____ \$ _____ \$ _____

Schedule E: Life Insurance Carried

Name Of Company	Face Amount	Cash Surrender Value	Loans	Beneficiary

Total \$ _____ \$ _____ \$ _____

We have carefully read and submitted the foregoing information provided on the 4 sides of this statement to Northern Initiatives. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with Northern Initiatives. I/We agree that if any material change(s) occur in my/our financial condition that I/we will immediately notify Northern Initiatives of said change(s) and unless Northern Initiatives is so notified they may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize Northern Initiatives to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to Northern Initiatives any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follow;

I/We fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts pursuant to 18 U.S.C. Section 1014.

Applicant's Signature _____	Date Signed _____	Social Security No. _____	Date of Birth _____
Spouse's or Co-Applicant's Signature _____	Date Signed _____	Social Security No. _____	Date of Birth _____