



**PERSONAL FINANCIAL STATEMENT**

**Anchor Bank, N.A.  
1570 Concordia Ave  
Saint Paul, MN 55104**

Please choose a location

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 AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER

\_\_\_\_\_

PRESENT EMPLOYER'S NAME AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY #

\_\_\_\_\_

Length of time at this Address: \_\_\_\_\_

DATE OF BIRTH:

\_\_\_\_\_

POSITION:

\_\_\_\_\_

Length of time at this Position: \_\_\_\_\_

**Co-APPLICANT**

[ ]

Check box and initial if it is your intent to be a co-borrower or joint guarantor.

NAME AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER

\_\_\_\_\_

PRESENT EMPLOYER'S NAME AND ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY #

\_\_\_\_\_

Length of time at this Address: \_\_\_\_\_

DATE OF BIRTH:

\_\_\_\_\_

POSITION:

\_\_\_\_\_

Length of time at this Position: \_\_\_\_\_

VALUATION DATE

\_\_\_\_\_

ASSETS	AMOUNT
Cash (Schedule 1)	
Due from others (Schedule 2)	
Mortgages & Contracts for Deed Owned (Schedule 3)	
Securities Owned (Schedule 4)	
Retirement Accounts (Schedule 5)	
Cash Surrender Value of Life Ins (Schedule 6)	
Homestead (Schedule 7)	
Other Real Estate Owned (Schedule 8)	
Automobiles	
Personal Property	
Other Assets (detail)	
<b>Total</b>	

LIABILITIES	AMOUNT
Notes Payable Banks (Sch 11)	
Notes Payable Others (Sch 11)	
Installment Contracts Pay (Sch 11)	
Due Dept Stores, Credit Cards & Others (Sch 11)	
Income Taxes Payable	
Other Taxes Payable	
Loans on Life Insurance (Schedule 6)	
Mortgage on Homestead (Schedule 9)	
Mortgage or Liens on Other Real Estate Owned (Schedule 10)	
Other Liabilities (detail)	
<b>Total Liabilities</b>	
<b>Net Worth</b>	
<b>Total</b>	

**Annual Income**

	Applicant	Co-Applicant
Salary		
Commissions		
Dividends		
Interest		
Rentals		
Alimony, child support or maintenance**		
Other		
<b>Total Income</b>		

**Annual Expenses**

Federal & State Income Taxes	
Real Estate Taxes	
Insurance	
Medical	
Alimony/Child Support	
Tuition	
Other (detail)	
<b>Total Expenses</b>	

\*\*You need not show this unless you wish us to consider it

**Verification of Liquid Assets: For amounts shown in Cash, Savings, Money Markets, CD's, Marketable Securities and Cash Value of Life Insurance below, attach a current statement showing balance of Liquid Assets.**

**Schedule 1 Cash, Savings, Money Markets, CD's, et**

Name of Institution	Type of Account	In Whose Name	Pledged?	Balance
<b>Total</b>				

**Schedule 2 Due from Friends, Relatives & Others**

Name of Debtor	Owed to	How Payable	Collateral	Maturity Date	Unpaid Balance
		\$ per			
		\$ per			
		\$ per			
<b>Total</b>					

**Schedule 3 Mortgage and Contracts for Deed Owned**

Name of Debtor	Owed to	How Payable	1st or 2nd Lien	Property Type	Unpaid Balance
		\$ per			
		\$ per			
		\$ per			
<b>Total</b>					

**Schedule 4 Securities Owned**

# Shares or Bond Amt	Description and L(Listed) or U(Unlisted)	Registered Name	Pledged?	Cost	Present Market Value
<b>Total</b>					

**Schedule 5 Retirement Accounts (401k's, IRA's, Pensions, etc)**

# Shares or Bond Amt	Description and L(Listed) or U(Unlisted)	Registered Name	Pledged?	Cost	Present Market Value
<b>Total</b>					

**Schedule 6 Life Insurance**

Insured	Insurance Company	Beneficiary	Face Value	Cash Value	Loans
<b>Total</b>					

**Schedule 7 Homestead**

Address and Type of Property	Owned By	Monthly Income	Amt of Insurance	Cost/Year Aquired	Present Market Value
<b>Total</b>					

**Schedule 8 Other Real Estate Owned**

Address and Type of Property	Owned By (Person or Entity Name)	% Ownership	Monthly Income	Cost/Year Aquired	Present Market Value
<b>Total</b>					

**Schedule 9 Mortgages or Liens on Homestead**

Address	How Payable	Lender	Interest Rate	Maturity Date	Unpaid Balance
	\$ per				
	\$ per				
	\$ per				
<b>Total</b>					

**Schedule 10 Mortgages or Liens on Other Real Estate Owned**

Address or Entity Name	How Payable	Lender	Interest Rate	Maturity Date	Unpaid Balance
	\$ per				
	\$ per				
	\$ per				
	\$ per				
	\$ per				
	\$ per				
	\$ per				
<b>Total</b>					

**Schedule 11 Notes Payable Banks & Others, Installment Contracts Payable, & Credit Card Debt**

To Whom Payable	Address	Collateral	How Payable	Unpaid Balance
			\$ per	
			\$ per	
			\$ per	
			\$ per	
			\$ per	
<b>Total</b>				

**Contingent Liabilities**

Name of Debtor	Owed to	How Payable	Collateral	Maturity Date	Unpaid Balance
		\$ per			
		\$ per			
		\$ per			
		\$ per			
<b>Total</b>					

**Comment on any contingent liability that is not current, matured or lender is seeking repayment from you:**

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Applicant		Co-Applicant	
Yes	No	Yes	No

- 1) Have you or any company in which you were an owner ever declared bankruptcy?
- 2) Have you or any company in which you were an owner ever had a judgment filed against you?
- 3) Have you ever owned real estate that has been foreclosed upon or been part of a short sale?
- 4) Have you ever been convicted of a felony?
- 5) Are any assets held in a trust?
- 6) Have you made a will?

If you answered "Yes" to any of questions 1 - 5, please explain in the space below or attach an explanation.

Applicant	Co-Applicant
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Number of dependents

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

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, which may include a background check 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.

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Signature	Date
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Signature	Date
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When you have completed these forms please return the signed documents to:

By mail to: Anchor Bank, N.A.  
 Attn: Anchor Support  
 14665 Galaxie Avenue, Suite B  
 Apple Valley, MN 55124

By fax to: Anchor Bank, N.A.  
 Anchor Support  
 952-808-8029