



204 W Thayer Ave
Bismarck, ND 58501

PERSONAL FINANCIAL STATEMENT

CONFIDENTIAL

APPLICANT INFORMATION

Name	_____	Social Security #	_____
Address	_____	City, State, Zip	_____
Telephone Number	_____	Date of Birth	_____
Present Employer	_____	Position	_____
Address	_____	City, State, Zip	_____
Business Phone	_____	E-mail address	_____
Cell Phone	_____	Loan Purpose	_____

CO-APPLICANT INFORMATION (if applicable)

Name	_____	Social Security #	_____
Address	_____	City, State, Zip	_____
Telephone Number	_____	Date of Birth	_____
Present Employer	_____	Position	_____
Address	_____	City, State, Zip	_____
Business Phone	_____	E-mail address	_____
Cell Phone	_____	Loan Purpose	_____

Date of Valuation

ASSETS		AMOUNT	LIABILITIES and Net Worth	AMOUNT
Cash on hand			(7)* Loans payable to banks	
Cash in financial institutions: Checking			(8)* Loan payable to others	
Saving			Amounts due to dept. stores & others	
CD's			Credit cards (Visa, Mastercard & others)	
(1)* Due from friends, relatives & others				
(2)* Mortgage & Contracts for deed owned			Income taxes payable	
(3)* Securities owned/Retirement accounts			Other taxes payable	
(4)* Cash surrender value of life insurance				
(5)* Real estate owned (including Homestead)			Life insurance loans	
Automobiles (itemize: year, make, model)				
			(6)* Mortgage(s) on Real Estate (including Homestead)	
Personal Property			Other liabilities (itemize)	
Other Assets (itemize)				
			Total Liabilities	
			Net Worth	
Total Assets			Total Liabilities and Net Worth	

***(1) - *(8) Amounts have to equal the detail totals from pages 3 & 4**

Income	Applicant	Co-applicant	Contingent Liabilities	Amount
Salary			As co-maker	
Bonuses			As guarantor	
Dividends			Lawsuits	
Interest			Taxes	
Rental Income			Other (detail)	
Other Income (detail)				
Total			Total	

Schedule 1: Due From Friends, Relatives and Others

Name of Debtor	Owed to	Collateral	How Payable	Maturity Date	Unpaid Balance
TOTAL					

Schedule 2: Contracts for Deed "Owned"

Name of Debtor	Owed to	Collateral	How Payable	Maturity Date	Unpaid Balance
TOTAL					

Schedule 3: Securities Owned/Retirement Accounts

Description	In Whose Name Registered	# of Shares	Listed/Unlisted	Cost	Current Value
TOTAL					

Schedule 4: Cash Surrender Value of Life Insurance

Insured	Insurance Company	Beneficiary	Face Value	Cash Value	Loans
TOTAL					

Schedule 5: Real Estate Owned (including Homestead)

Address & Type	Title in Name of	Monthly Income	Cost/Yr. Acquired	Current Value	Amt. of Insur.
TOTAL				TOTAL	

Schedule 6: Mortgage or Liens on Real Estate (including Homestead)

Address & Type	To Whom Payable	How Payable	Interest Rate	Maturity Date/Term	Unpaid Balance
TOTAL					

Schedule 7: Loans Payable To Financial Institutions

Name of Institution	Name on Loan	Secured/Unsecured	Interest Rate	Maturity Date	Unpaid Balance
TOTAL					

Schedule 8: Loans Payable To Others

Name of Lender	Name on Loan	Secured/Unsecured	Interest Rate	Maturity Date	Unpaid Balance
TOTAL					

OTHER INFORMATION

Please answer the following:

	Applicant	Co-Applicant
Are you a defendant in any suits or legal action?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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 debt secured except as shown?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a current will?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Marital status (answer only if this financial statement is provided in connection with a request for secured credit, applicant is seeking a joint account with spouse, or applicant or co-applicant is a resident of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin) or is relying on property located in such a state as a basis for repaying the credit requested).	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE

NOTE: Please do not leave any questions on this form unanswered. Use "no", "n/a", or "none" as applicable. Please contact your **CAPITAL CREDIT UNION** representative with any questions regarding this form.

I/we have carefully read and submitted the foregoing information provided on all five pages of this statement to the Capital Credit Union. 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 the Capital Credit Union. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify the Capital Credit Union of said changes(s) and unless the Capital Credit Union is so notified it 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 the Capital Credit Union 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 the Capital Credit Union 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 follows; if "NONE" so state.

CERTIFICATION AND SIGNATURE

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

Applicant's
Signature _____

Date
Signed _____

Spouse's or
Co-Applicant's
Signature _____

Date
Signed _____