PERSONAL FINANCIAL STATEMENT

Servion Commercial Loan Resources, Inc. and ACCENTRA CREDIT UNION **, Lender**

PERSONAL FINANCIAL STATEMENT

TO: Servion Commercial Loan Resources, Inc., 500 Main Street, Ste. 130, New Brighton, MN 55112 Phone: 651-631-3111 Fax: 651-746-6401

IMPORTANT: Read these directions before completing.

This statement and any applicable supporting schedules may be used to apply for an extension of credit individually or jointly with co-applicants. If the co-applicant's assets and liabilities cannot be meaningfully and fairly presented on a combined basis, separate statements and schedules should be completed for each co-applicant.
Check appropriate box:

☐ If you are applying for an individual account in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1, 3, 4 and all Schedules.

☐ We intend to apply for joint credit:
Applicant Signature:_____ Co-Applicant Signature:_____
If you are applying for a joint account or an account that you and another person will use, complete all Sections and Schedules providing information in Section 2 about the joint applicant.

☐ If you are applying for an individual account, but are relying on income from alimony, child support or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all Sections and Schedules to the extent possible, providing information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying.

All amounts should be rounded to the nearest $100.

SECTION 1	SECTION 2
Applicant information (type or print)	Co-Applicant information (type or print)
Name:	Name:
Date of birth:	Date of birth:
Driver's license number:	Driver's license number:
Social Security Number:	Social Security Number:
Address:	Address:
City, State, ZIP	City, State, ZIP
Home phone:	Home phone:
Marital status*: ☐ Married ☐ Unmarried ☐ Separated	Marital status*: ☐ Married ☐ Unmarried ☐ Separated
Employer:	Employer:
Position/occupation: Since:	Position/occupation: Since:
Address:	Address:
City, State, ZIP	City, State, ZIP
Work phone:	Work phone:
Work fax: Email Address:	Work fax: Email Address:

SECTION 3

Annual Income	Applicant	Co-Applicant
Wages/Salary		
Bonuses/Commissions		
Dividends/Interest		
Net rental income		
Alimony, child support or other maintenance payments *(you need not reveal if you do not choose to have it considered)*		
Other (list)		
Total		

	YES	NO	YES	NO
Are you a partner of officer in any other venture?	☐	☐	☐	☐
Have you ever declared bankruptcy?	☐	☐	☐	☐
Are you a defendant in any legal actions or suits?	☐	☐	☐	☐
Do you have past due obligations, tax liens or judgments outstanding against you?	☐	☐	☐	☐
Are you obligated to make any other payments (alimony, child support, maintenance payments, rent) or a guarantor or co-maker that are not listed elsewhere on this statement?	☐	☐	☐	☐

If you answered YES to any of the above questions, attach detailed explanations for each.

SECTION 4 (complete all schedules below this section)

Statement of financial condition as of:_____, 20_____.

Assets	In dollars	Liabilities and Net Worth	In dollars
Cash on hand and money on deposit (Schedule A)		Notes Payable Banks and others (Schedule E)	
Listed securities, stocks, bonds (Schedule B or attach copies of statements)		Life Insurance Loans	
Cash Value Life Insurance		Credit Card Debt (details)	
Pension/401(k)/IRA			
Unlisted Securities (details)			
		Unpaid Taxes (details)	
Accounts and Notes Receivable (Schedule C)			
Real Estate Owned (Schedule D)			
Automobiles (details)		Real Estate Mortgages/Liens (Schedule F)	
		Other Debts (details)	
Other Personal Property			
Other Assets (details)			
		Total Liabilities	
		Assets less Liabilities = Net Worth	
		Total Liabilities and Net Worth	
Total Assets		Contingent Liabilities (Schedule G)	

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SCHEDULE A – Cash on hand and money on deposit

Type	In Name of:	Dollars	Name of Financial Institution	Pledged (Yes or No)
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
	Total			

SCHEDULE B – Listed securities, stocks, bonds (attach separate sheet or copies of statements)

Number of shares	Description of security	Owner(s)	Market Value	Pledged (Yes or No)
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
		Total		

SCHEDULE C - Accounts and notes receivable

Date made	Name of Maker	Unpaid amount	Date due	Security pledged
	Total			

SCHEDULE D – Real estate owned (attach additional sheets with this detail if necessary)

Address	Owner	Date acquired	Purchase price	Market value	Monthly income	Monthly expenses
		Totals				

SECTION E – Notes payable banks and others

Name of Lender	In name of:	Amount	Balance	Payment	Maturity	Security
	Totals					

SCHEDULE F – Real estate mortgages/liens (attach additional sheets with this detail if necessary)

Address	Lender	Original Amount	Balance	Payment	Maturity	Lien position
	Totals					

SCHEDULE G – Contingent Liabilities (attach additional sheets with this detail if necessary)

Borrowing Entity	Lender	Original Amount	Balance	Payment	Maturity	Lien position
	Totals					

I/We certify that this financial statement is true and complete. I/We authorize the designated financial institution ("Lender") and Servion Commercial Loan Resources,Inc. ("SCLRI") as its appointed agent to verify this information and to obtain additional information concerning my/our financial condition including, without limitation, consumer credit reports, although Lender and SCLRI may rely on this financial statement without any further verification. I/We authorize SCLRI to furnish such information and any other credit experiences with me/us to others and to answer any questions about my/our credit experience and other financial relationships. I/We, so long as I/We owe any sums or guaranty any obligations to Lender and SCLRI, agree to notify SCLRI, in writing, of any change that materially affects the accuracy of this statement and agree to provide SCLRI with an updated personal financial statement when requested. I/We understand that SCLRI will retain this statement whether or not SCLRI grants the requested credit.

It may be a federal crime punishable by a fine and/or imprisonment to knowingly make false statements concerning any of the above information to a financial institution, under provisions of Title 18, United States Code, Section 1014.

Signature of Applicant_____ Date_____

Signature of Co-Applicant_____ Date_____

For Married Wisconsin Residents: I understand SCLRI may be required by law to give notice of any credit transactions to my spouse. The credit applied for, if granted, will be incurred in the interest of my marriage or family.

Signature of Applicant_____ Date_____