Personal Financial Statement

Date _____

Name _____ **Social Security #** _____ **Birthdate** _____

Address _____

Home Phone # _____ **Mobile Phone #** _____ **E-mail** _____

Drivers License # _____ **Issue Date** _____ **Expiration Date** _____

Employer _____ **# of Years** _____

For Wisconsin residents only; I am ☐ Married ☐ Unmarried ☐ Legally Separated

Spouse's Name _____ **Social Security #** _____ **Birthdate** _____

Address (if different) _____

Drivers License # _____ **Issue Date** _____ **Expiration Date** _____

Employer _____ **# of Years** _____

NOTICE TO MARRIED APPLICANTS: No provision of any marital property agreement, unilateral statement under §766.59, Wis. Stats., or court decree under §766.70, Wis Stats., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision.

INSTRUCTIONS FOR INFORMATION TO BE SUPPLIED BELOW: If married applicants are applying for joint credit, include all assets and all liabilities of both spouses. Both spouses must sign this statement. If a married applicant is applying for separate credit or for joint credit with someone other than his or her spouse, include all marital property and all individual property of the applicant spouse, but do not include individual property of the other spouse. Only the applicant must sign this statement.

For purposes of this statement: Marital property means assets acquired with my or my spouse's income on or after 1-1-86; and Individual property means property owned (whether in joint or sole name) by me prior to marriage, prior to establishing residence in Wisconsin, or prior to 1-1-86, however acquired, and property acquired by me by gift or inheritance at any time.

COMPLETE ALL BLANKS, WRITING "NO" OR "NONE" WHERE NECESSARY			
ASSETS	**In Dollars**	**LIABILITIES OF APPLICANT AND SPOUSE**	**In Dollars**
Cash on Hand and in Financial Institutions (Schedule A)		Notes Payable-Lenders/Secured (Schedule E)	
Gov't and Listed Securities (Schedule B)		Notes Payable-Lenders/Unsecured (Schedule E)	
Unlisted Securities (Schedule B)		Notes Payable-Others (Schedule E)	
Notes and Loans Receivable (attach details)		Life Insurance Loans (Schedule C)	
Homestead and Real Estate Owned (Schedule D)		Due to Brokers	
Automobiles		Accounts Payable	
Other Personal Property		Unpaid Income Taxes	
Cash Value Life Insurance (Schedule C)		Real Estate Mortgages Payable (Schedule D)	
Equity in Partnership (attach signed financial statement)		Delinquent Real Estate Taxes	
Equity in Proprietorship (attach signed financial statement)		Credit Cards	
Equity in LLC's or LLP's (attach signed financial statement)		Other Debits (Itemize Below)	
Equity in Corporations (attach signed financial statement)			
Vested Pension Benefits or Profit Sharing			
IRA's			
Other Assets: (Itemize Below)		TOTAL LIABILITIES	$ -
		ASSETS LESS LIABILITIES = NET WORTH	$ -
TOTAL ASSETS	$ -	**TOTAL LIABILITIES AND NET WORTH**	$ -

SOURCES OF INCOME FOR YEAR ENDED		CONTINGENT LIABILITIES OF APPLICANT AND SPOUSE	
Salaries & Bonuses*		As Endorser, Co-Maker, or Guarantor	
Commissions		On Lease or Contracts	
Dividends & Interest		Legal Claims	
Real Estate		Other (describe)	
Other**			

*For Married Wisconsin residents, name each spouse and include the income of each spouse.

**Income from Alimony, Child Support or Separate Maintenance income and income from medical insurance, disability or wage continuation insurance need not be revealed if you do not wish the Lender to consider this income in determining your creditworthiness.

COMPLETE SCHEDULES AND PERSONAL INFORMATION AND SIGN ON REVERSE

Schedule A - Cash, Checking Accounts, Savings Accounts, & Certificates of Deposit

Type	Name of Financial Institution	Amount	In Name of	Pledged Yes	Pledged No

Schedule B – U.S. Government, Listed, & Unlisted Securities (List on separate sheet if necessary)

No. of Shrs or Face Value	Description*	Market Value	Owner(s)	Pledged Yes	Pledged No

*Indicates if Securities are Restricted By Contract or SEC Regulations

Schedule C – Life Insurance Carried, Include Group

Face Amount	Name of Company	Owner(s)	Beneficiary	Cash Surrender Value	Loans

Schedule D – Real Estate Owned

Address & Type of Property	Market Value	Balance of Mortgage	Monthly Mtg Pmt	Monthly Taxes & Insurance	Mon. Rental Income

Schedule E – Names of Banks or Other Lenders Where Credit Has Been Obtained

Name & Address of Lender	Borrower	Date Made	Maturity Date	High Credit	Current Balance	Monthly Payment

PERSONAL INFORMATION:

Are any assets pledged or restricted other than indicated on following schedules? If so, describe. _____

Are you a defendant in any legal actions or suits? If so, describe. _____

Are you a partner or officer in any other venture? If so, describe. _____

Do you have a will? ☐ Yes ☐ No If yes, name of Personal Representative _____

Have you ever been declared Bankrupt? If so, describe. _____

I certify that this financial statement is true and complete. I authorize Lender or its agents to verify the information obtained in this statement and to obtain additional information concerning my financial condition, including, without limitation, consumer credit reports, although Lender may rely on this financial statement without any further verification. I authorize Lender to furnish such information and any other credit experiences with me to others and to answer any questions about my credit experience and other financial relationships with Lender to the extent not prohibited by applicable law. I agree to notify Lender, in writing, of any change that materially affects the accuracy of this statement. **Lender may share information bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living with its affiliates unless (1) I direct Lender at the address above that such information is unrelated to my transactions or experiences with Lender, and may not be shared by Lender with its affiliates, (2) the information constitutes "medical information" as defined under applicable federal law, or (3) the information when provided to an affiliate would constitute a "consumer report" under applicable federal law.**

It may be a crime punishable by a fine or imprisonment or both to knowingly make false statements concerning any of the above information, under provisions of applicable federal and state law.

_____ X _____

(Date Signed) Applicant Signature

X _____

Applicant Signature

For married Wisconsin resident. I understand Lender may be required by law to give notice of any credit transaction to my spouse. The credit applied for, if granted, will be incurred in the interest of my marriage of family.

X _____

Applicant Signature