

PERSONAL FINANCIAL STATEMENT AS OF _____

Date _____

SUBMITTED TO: _____

PERSONAL INFORMATION					
APPLICANT (NAME)			CO-APPLICANT (NAME)		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.	No. of Years with Employer	Title/Position	Business Phone No.	No. of Years with Employer	Title/Position
Name of previous employer & position (if with current employer less than 3 yrs.)		No. of Yrs.	Name of previous employer & position (if with current employer less than 3 yrs.)		No. of Yrs.
Home Address			Home Address		
Home Phone No.	Social Security No.	Date of Birth	Home Phone No.	Social Security No.	Date of Birth
Name, Phone No. of your Accountant			Name, Phone No. of your Accountant		
Name, Phone No. of your Attorney			Name, Phone No. of your Attorney		
Name, Phone No. of your Investment Advisor/Broker			Name, Phone No. of your Investment Advisor/Broker		
Name, Phone No. of your Insurance Advisor			Name, Phone No. of your Insurance Advisor		

Cash Income & Expenditures Statement For Year Ended _____

(Omit cents)

ANNUAL INCOME	AMOUNT (\$)
Salary (applicant)	\$ _____
Salary (co-applicant)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List)**	
TOTAL INCOME	\$ _____

ANNUAL EXPENDITURES	AMOUNT (\$)
Federal Income and Other Taxes	\$ _____
State Income and Other Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Mortgage Payments	Residential Investment _____
Property Taxes	Residential Investment _____
Interest & Principal Payments on Loans	
Insurance	
Investments (Including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expense	
Medical Expenses	
Other Expense (List)	
TOTAL EXPENDITURES	\$ _____

Any significant changes expected in the next 12 months? Yes No (if yes, attach information.)

** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

rma 45-1080 Robert Morris Associates - P.O. Box 101 Fey, 1080
 ORDER FROM Robert Morris Associates, Inc., St. Cloud, MN 56301
 These terms are attached to the commercial lending transactions
 where any other use is contemplated, it is suggested that a careful review
 be made to ensure compliance with applicable laws and regulations.