



Central Minnesota Development Company
 SBA 504 Loan Application
 1885 Station Parkway NW Suite A
 Andover, MN 55304
 Phone (763) 784-3337 · Fax (763) 784-3338

PERSONAL FINANCIAL STATEMENT

As of _____, 19 ____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.

Name _____ Home phone _____ Business phone _____
 Home address _____ City _____ State _____ Zip _____
 Business name of applicant/borrower _____

Assets	OMIT CENTS	Liabilities	OMIT CENTS
Cash on hand and in banks.....	\$ _____	Accounts payable	\$ _____
Savings accounts	\$ _____	Notes payable to banks and others..... (Describe in Section 2)	\$ _____
IRA or other retirement account	\$ _____	Installment account (Auto)	\$ _____
Accounts and notes receivable	\$ _____	Monthly payments	
Life insurance-cash surrender value only	\$ _____	Installment account (Other).....	\$ _____
(Complete Section 8)		Monthly payments	
Stocks and bonds	\$ _____	Loan on life insurance	\$ _____
(Describe in Section 3)		Mortgages on real estate	\$ _____
Real estate	\$ _____	(Describe in Section 4)	
(Describe in Section 4)		Unpaid taxes	\$ _____
Automobile-present value	\$ _____	(Describe in Section 6)	
Other personal property	\$ _____	Other liabilities	\$ _____
(Describe in Section 5)		(Describe in Section 7)	
Other assets	\$ _____	Total liabilities	\$ _____
(Describe in Section 5)		Net worth	\$ _____
Total	\$ _____	Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As endorser or co-maker
Net investment income	Legal claims & judgments
Real estate income	Provision for federal income tax
Other income (Describe below)*	Other special debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others USE ATTACHMENTS IF NECESSARY. EACH ATTACHMENT MUST BE IDENTIFIED AS A PART OF THIS STATEMENT AND SIGNED.

Name and address of noteholders	Original balance	Current balance	Payment amount	Frequency (monthly, etc.)	How secured or endorsed type of collateral

Section 3. Stock and Bonds USE ATTACHMENTS IF NECESSARY. EACH ATTACHMENT MUST BE IDENTIFIED AS A PART OF THIS STATEMENT AND SIGNED.

Number of shares	Name of securities	Cost	Market value quotation/exchange	Date of quotation/exchange	Total value

Section 4. Real Estate Owned LIST EACH PARCEL SEPERATELY. USE ATTACHMENTS IF NECESSARY. EACH ATTACHMENT MUST BE IDENTIFIED AS A PART OF THIS STATEMENT AND SIGNED.

	Property A	Property B	Property C
Type of property			
Owner			
Property address			
Date purchased			
Original cost			
Present market value			
Mortgage holder			
Address of mortgage holder			
Mortgage account number			
Mortgage balance			
Amount of payment per month/year			
Status of mortgage			

Section 5. Other Personal Property and Other Assets DESCRIBE, AND IF ANY IS PLEDGED AS SECURITY, STATE NAME AND ADDRESS OF LIEN HOLDER, AMOUNT OF LIEN, TERMS OF PAYMENT, AND IF DELINQUENT, DESCRIBE DELINQUENCY.

Section 6. Unpaid Taxes DESCRIBE IN DETAIL, AS TO TYPE, TO WHOM PAYABLE, WHEN DUE, AMOUNT AND TO WHAT PROPERTY, IF ANY, A TAX LIEN ATTACHES.

Section 7. Other Liabilities DESCRIBE IN DETAIL.

Section 8. Life Insurance Held GIVE FACE AMOUNT AND CASH SURRENDER VALUE OF POLICIES--NAME OF INSURANCE COMPANY AND BENEFICIARIES.

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 10001).

Signature _____ Date _____ Social Security Number _____

Signature _____ Date _____ Social Security Number _____