

AMERICAN INDIAN ECONOMIC DEVELOPMENT FUND
831 Como Avenue
Saint Paul, Minnesota 55103
P. 651.917.0819

Personal Financial Statement

Contact Your **AIEDF** Representative if you have any questions regarding the completion of this form.

You may apply individually or jointly with a co- applicant. This statement and any applicable supporting schedules maybe completed jointly by both married and unmarried co- applicants if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combine basis; otherwise separate statements and schedules are required.

APPLICANT

Name _____ Social Security# _____

Address _____

Telephone Number _____ Date of Birth ___ / ___ / ___

Present Employer _____ Position _____

Address _____

CO-APPLICANT (Spouse)

Name _____ Social Security # _____

Address _____

Telephone Number _____ Date of Birth ___ / ___ / ___

Present Employer _____ Position _____

Address _____

DATE OF VALUATION

Assets	AMOUNT		
Cash in this Bank			
Cash in Other Banks (Detail)			
Due from Friends, Relatives & Others (schedule 1)			
Mortgage & Contracts for Deed Owned (schedule 2)			
Securities Owned (schedule 3)			
Cash Surrender Value of Life Insur. (schedule 4)			
Homestead (schedule 5)			
Other Real Estate Owned (schedule 5)			
Automobiles			
Personal Property			
Other Assets (detail)			
TOTAL			

-Round all amounts to the nearest \$100
 -Attach separate sheet if you need more space

liabilities	AMOUNT		
Notes Payable Banks (schedule 7)			
Notes Payable Others (schedule 7)			
Installment contracts Payable (schedule 7)			
Due Dept. Stores, Credit Cards & Others			
Income Taxes Payable			
Loans on Life Insurance (schedule 4)			
Mortgage on Homestead (schedule 4)			
Mortgage or Liens on Other Real Estate Owned (schedule 6)			
Other Liabilities (detail)			
TOTAL Liabilities			
Net Worth (Total Assets Less Total liabilities)			
TOTAL			

Annual Income	Applicant			Co-Applicant		
Salary						
Commissions						
Dividends						
Interest						
Rentals						
Alimony , child support or maintenance (you need not show this unless you wish us to consider it).						
Other						
TOTAL INCOME						

CONTINGENT LIABILITIES			
As Endorser			
As Guarantor			
Lawsuits			
For Taxes			
Other (Detail)			
<input type="checkbox"/> Check here is "None"			
TOTAL CONTINGENT LIABILITIES			

SCHEDULE 1: DUE FROM FRIENDS, RELATIVES & OTHERS						
Name of Debtor	Owed To	Collateral	How Payable	Maturity Date	Unpaid Balance	
			\$ per			
			\$ per			
			\$ per			
			\$ per			
			\$ per			
TOTAL						

SCHEDULE 2: MORTGAGE AND CONTRACTS FOR DEED OWNED					
Name of Debtor	Type of Property	1 st or 2 nd lien	Owned to	How Payable	Unpaid Balance
				\$ per	
				\$ per	
				\$ per	
				\$ per	
				\$ per	
TOTAL					

SCHEDULE 3: SECURITIES OWNED					
No Shares or Bond Amount	Description	In Whose Name(s)	Cost	Present Market Value	L=listed U=unlisted
TOTAL					

SCHEDULE 4: LIFE INSURANCE					
Insured	Insurance Company	Beneficiary	Face Value of Policy	Cash Value	Loans
TOTAL					

	Applicant	Co-Applicant
Have you ever gone through bankruptcy or had a judgement against you? NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/>
Are any assets pledged or debts secured except as Shown? NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/>
Have you made a will? NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/>
Number of Dependents (If "None" check none) _____ <input type="checkbox"/> None	_____ <input type="checkbox"/> None	
Marital Status (answer only if this financial statement is provided in connection with a request for Secured credit or applicant is seeking a joint Account with spouse).	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried

(unmarried includes single, divorced, widowed)

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

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

Date

Your Signature

Date

Co-Applicant Signature
(If you are requesting the financial accommodation jointly)