

Name	Business Phone							
Home Address	e Address Home Phone							
City, State, & Zip Code								
Business Name of Applicant/Borrower								
Business Address (if different than home address)								
This information is current as of (month/date/year)								
Applicant married: Yes No								
ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)					
Cash on Hand and in Banks		Accounts Payable Notes Payable to Bank and Others						
Section 1. Source of Income		Contingent Liabilities						
Salary Net Investment Income Real Estate Income (Describe below) Other Income (Describe below) Description of Other Income in Section 1 (Alim have such payments counted toward total income.)		As Endorser or Co-Maker Legal Claims & Judgments Provision for Federal Income Tax Other Special Debt payments should not be disclosed in "Other Income"						

signed.)		Original			Deumonat			L Llow Cr	
Names and Addresses of Noteholder(s)		Original Balance			Payment Amount	-		How Secured or Endorsed Type of Collateral	
Hotenoide	(3)	Dulunce			Anount	,	ontiny, etc.y	• • •	
Section 3. Stocks and	Bonds (Use atta	achments if nec	essary. Each attachr	ment m	ust be identified as	part o	of this statemen	t and signed.)	
Number of Shares Name of		ecurities	Cost	0	Market Value Juotation/Exchange		Date of e Quotation/Exchange		Total Value
				Qu	iotation/ Excita	nge	Quotation/	Exchange	
Section 4. Real Estate	Owned (List e	ach narcel ser	arately. Lise atta	hmen	t if necessary. Fa	ch att	achment must	he identifie	d as part of this
statement and signed.)	. emica (List c	uen pureer sep			t in necessary. Eu	chiatt		be lacitume	
		Property A			Property B		5	Property C	
Type of Real Estate (e Primary Residence, O									
Residence, Rental Pro									
Land, etc.)									
Address									
Date Purchased									
Original Cost									
Present Market Value									
Name & Address of M									
Holder	loitgage								
Mortgage Account Nu	umber								
Mortgage Balance									
Amount of Payment p	ber								
Month/Year									
Status of Mortgage									
Section 5. Other Pers					f any is pledged a	as sec	urity, state nar	ne and addr	ess of lien holder,
amount of lien, terms of	r payment and, i	f delinquent, o	describe delinqué	ency.)					

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 Turtle Mountain State Bank (TMSB) to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness.

<u>CERTIFICATION</u>: (To be completed by each person submitting the information requested on this form and the spouse of any 20% or more owner when spousal assets are included.)

By signing this form, I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form are true and complete to the best of my knowledge. I understand that TMSB or its participating Lenders will rely on this information when making decisions regarding an application for a loan.

Signature	Date
Print Name	Social Security No.
Signature	Date
Print Name	Social Security No.