



775 Kacena Road Hiawatha, IA 52233

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DEXTER
FINANCIAL

Email: info@dexterfinancial.com

PERSONAL FINANCIAL STATEMENT

NAME(S): _____

Individual

Joint with Spouse

ASSETS	DOLLARS	LIABILITIES	DOLLARS
Cash, Savings Accounts and CDs		Credit Card Balances	
Retirement Accounts (IRA, 401K, etc.)		Automobile Loans	
Stocks & Bonds not held in Retirement Accounts		Notes Payable-Business(es) Owned	
Accounts and Notes Receivable		Notes Payable to Others	
Real Estate Owned-From Schedule		Other Unpaid Taxes and Interest	
Automobiles and other Personal Property		Real Estate Mortgages Payable-From Schedule	
Business(es): 1.		Other Liabilities: 1.	
2.		2.	
3.		3.	
Other Assets: 1.			
2.		TOTAL LIABILITIES	
		NET WORTH (Assets minus Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

SCHEDULE OF REAL ESTATE OWNED							
					Mortgage Information		
Property Address	Title In Name of	Date Acquired	Original Cost	Present Market Value	Balance	Maturity	Mortgage Holder
Totals							

SOURCE OF INCOME	DOLLARS	CONTINGENT LIABILITIES	DOLLARS
Salary		As Endorser, Co-Maker or Guarantor	
Net Investment Income		Legal Claims & Judgments	
Other Income (Describe Below) <small>You need not disclose income from alimony, child support, or separate maintenance unless you wish such amount to be considered in the credit determination.</small>		Provision for Federal Income Tax	
Description of Other Income			

I/we have carefully read and submitted the foregoing information provided on this statement to Dexter Financial Services, Inc. (DFS). The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with DFS. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify DFS of said change(s) and unless DFS is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition. I/we authorize DFS to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to DFS any information that it may have or obtain in response to such credit inquiries. I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state. _____ I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Signature _____ Date _____

Signature _____ Date _____