

Personal Financial Statement

CONFIDENTIAL



Please complete a separate form for each individual owning 20% or more of the business

Name: _____ Social Security Number: _____

Street Address: _____

Are the assets & liabilities on this statement jointly owned? _____

Name of Co-Owner: _____ Social Security Number: _____

ASSETS		LIABILITIES	
Cash on hand and in banks (schedule D)		Notes Payable to CFCU (schedule D)	
Marketable Securities (schedule A)		Notes Payable to other banks (schedule D)	
Other Securities (schedule A)		Installment loans *please list (schedule D)	
Amount owed to me by Relatives & Friends (schedule D)			
Amount owed to me By others (schedule D)			
Real Estate Owned (schedule B)		Amount owed to relatives or friends	
Mortgage owed to me (schedule D)		Life Insurance Loans (schedule C)	
Cash Value Life Ins. (schedule C)		Accounts Payable	
Face Value: \$		Unpaid Taxes and Interest	
Automobiles		Mortgages (schedule D)	
		Other Liabilities	
Personal Property			
Net Worth of Business			
Other Assets (please itemize below)			
		Total Liabilities	
		Net Worth (Assets – Liabilities)	
TOTAL ASSETS		TOTAL (Liabilities + Net Worth)	

SOURCE OF INCOME	PERSONAL INFORMATION
<i>Income from alimony, maintenance & child support need not be reported if you choose not to rely on such income to obtain credit.</i>	
Salary	Business or occupation: _____
Bonus and Commissions	Owner: _____
Dividends and interest	Co-Owner: _____
Real Estate (please attach separate income and expense statement)	Are you a partner or officer in any other Business? _____
Other income (describe) _____	Owner: _____
TOTAL ANNUAL INCOME	Co-Owner: _____
	Own / Rent: _____ Monthly Payment \$ _____

Schedule A – Marketable and Other Securities

No. of shares / Face Value Bonds	Description	Title in Name of	Market Value	If pledged as collateral list where

Schedule B – Real Estate Owned

Location/Description	% ownership	Title in Name of	Mortgage Holder	Cost	Balance	Payment Amount

Schedule C – Life Insurance

Face Amount	Insurance Co.	Type	Cash Value	Loans	Monthly Loan Payment Amount (if any)	Beneficiary

Schedule D – Notes, Installment Loans, Credit References, Deposit Accounts

Name of Lender	Original Date	Original Balance	Current Balance	Terms	Type of Account	Payment Amount

To CFCU Community Credit Union:

For the purpose of obtaining and maintaining credit from CFCU Community Credit Union (“CFCU”) from time to time through reliance on the above financial statement and supporting Schedules, the undersigned warrants that the representations made in this statement are true and accurately show the condition of the undersigned as of the below date. The undersigned agrees to promptly notify CFCU in writing of any change in financial condition shown by this statement which would affect the responsibility of the undersigned. This includes but is not limited to changes that result in the impairment of assets or increases in liabilities, the insolvency of the undersigned, commitment of an act of bankruptcy by the undersigned or recovery of judgment against the undersigned, or any other material change in the financial condition of the undersigned. Also in the absence of such notice the undersigned expressly agrees that CFCU in granting or continuing such credit may continue to rely on this statement as true and accurate and of the same force and effect as if given at the time additional credit is given or existing credit continued. If such notice be given by CFCU, or if such change occurs and such notice be not given or if any warranties made herein are at anytime broken or unfilled, then all obligations of the undersigned held by CFCU shall immediately become due and payable, without demand or notice, and may be charged against any credit balance of the undersigned with CFCU.

General Information:

I/We authorize CFCU to obtain such credit information as you may require and to answer questions about your credit experience with me.

Signature: _____

Date: _____

Signature: _____

Date: _____