

# PERSONAL FINANCIAL STATEMENT

## APPLICANT(S) INFORMATION (Please print clearly.)

Primary Applicant Name (Last, First, Middle):		Date of Birth:	Social Security Number:
Home Address:	City:	State:	Zip:
Home Phone:			
Joint Applicant Name (Last, First, Middle):		Date of Birth:	Social Security Number:
Home Address:	City:	State:	Zip:
Home Phone:			
Business Name:		Business Phone:	
Business Address:	City:	State:	Zip:

## ASSETS & LIABILITIES

ASSETS		LIABILITIES			
Cash in CommunityAmerica (Sched. A)	\$	Notes Payable: Banks (Sched. F)	\$		
Cash in other Financial Institutions (Sched. A)	\$	Notes Payable: Credit Cards (Sched. F)	\$		
Stocks and Bonds (Sched. B)	\$	Notes Payable: Other (Sched. F)	\$		
Cash Value Life Insurance (Sched. C)	\$	Unpaid Real Estate / Income Taxes	\$		
Real Estate Owned (Sched. D)	\$	Mortgage Payable (Sched. D)	\$		
Automobiles	\$	Loans against Cash Value Life Insurance (Sched. C)	\$		
Investment in Own Business	\$	Other Debts please (itemize)	\$		
Deferred Comp / Retirement (Sched. E)	\$		\$		
Other Assets (please itemize)	\$		\$		
	\$				
	\$				
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>	<b>NET WORTH</b>	<b>\$</b>

## GENERAL INFORMATION

Are you or any of your business ventures (past or present) a defendant in any law suits or legal actions? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, explain:	
What is your personal primary financial institution?	Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date bankruptcy filed:
Are any of the above-mentioned Assets held in an Irrevocable Trust or Revocable Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any of the above-mentioned Assets held Jointly? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, explain with who and the relationship:

## PERSONAL INFORMATION

Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, who is the Executor of your will?	
Birth date:	Number of Dependents:	Ages of Dependents:
Contingent Liabilities? Guarantors for any other debt of individual/corporate/etc. Explain.		
Additional comments or explanations you want to make:		

I/We authorize and instruct any person or consumer reporting agency to complete and furnish the Credit Union with any information available in response to credit inquiries. I/We agree that information gathered, along with this application, shall remain the Credit Union's property whether or not credit is extended. I/We certify that the information provided herein has been carefully read and is true, correct and complete. I/We agree to notify the Credit Union of any significant changes in my/our financial condition; in the absence of such notification, or in receipt of an updated statement, this should be considered as a continuing statement and substantially correct.

Applicant Signature:	Date:	Joint Applicant Signature:	Date:
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**SCHEDULE A – DEPOSIT ACCOUNTS**

NAME OF FINANCIAL INSTITUTION	ACCOUNT TYPE	BALANCE
		\$
		\$
		\$
		\$

**SCHEDULE B – STOCKS AND BONDS**

AMOUNT OR NUMBER OF SHARES	DESCRIPTION	REGISTERED NAME	MARKET VALUE
			\$
			\$
			\$
			\$

**SCHEDULE C – CASH VALUE LIFE INSURANCE**

NAME OF INSURED	NAME OF BENEFICIARY	INSURANCE COMPANY	FACE AMOUNT	CASH VALUE	LOANS
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

**SCHEDULE D – REAL ESTATE**

DATE PURCHASED	PURCHASE PRICE	MARKET VALUE	MORTGAGE BALANCE	TITLE IN NAME OF	DESCRIPTION/LOCATION	EST. PAYMENT
	\$	\$	\$			\$
	\$	\$	\$			\$
	\$	\$	\$			\$
	\$	\$	\$			\$

**SCHEDULE E – DEFERRED COMPENSATION AND RETIREMENT (including 401(k), IRA, pension)**

PLAN ADMINISTRATOR/TRUSTEE	ACCOUNT TYPE	BENEFICIARY	BALANCE/VALUE	LOANS OUTSTANDING	ACCOUNT IN NAME OF
			\$	\$	
			\$	\$	
			\$	\$	

**SCHEDULE F – NOTES PAYABLE (including credit cards, auto loans, non-mortgage bank loans, other debts to individuals)**

PAYABLE TO	NOTE DATE	ORIGINAL AMOUNT/LIMIT	BALANCE DUE	REPAYMENT SCHEDULE	COLLATERAL
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	