



**PERSONAL FINANCIAL STATEMENT**

Financial condition as of: \_\_\_\_\_, 20\_\_\_\_

This form must be completed by: each proprietor; each partner or stockholder who owns 20% or more interest in the borrower, or any person providing a guaranty on the loan.

Applicant:		Applicant:	
SSN:		SSN:	
Birth date:		Birth date:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	
Employer:		Yrs on job:	
Employer:		Yrs on job:	
Position/Title/Business type:		Yrs in profession:	
Position/Title/Business type:		Yrs in profession:	
Employer address:		Employer address:	

Business name of applicant/borrower: \_\_\_\_\_

Name & Phone Number of nearest relative not living with applicant(s): \_\_\_\_\_

Assets Held Jointly?  Yes  No

**\*\*Lines with \$0's are prefilled from individual sections\*\***

Assets	Value	Liabilities	Balance Outstanding
1. Cash and Deposit Accounts (Section 1)	\$0	Notes Payable (Section 8)	\$0
2. Marketable Securities (Section 2)	\$0	Revolving Debt	
3. Non-marketable Securities (Section 3)	\$0	Unpaid Real Estate Taxes	
4. Accounts, Loans and Notes Receivable (Section 4)	\$0	Unpaid Income Taxes	
5. Cash Value Life Insurance (Section 5)	\$0	Life Insurance Policy Loans (Section 5)	\$0
6. Personal Residences (Section 6a)	\$0	Mortgage - Personal Residence (Section 6a)	\$0
7. Real Estate Investment Property (Section 6b)	\$0	Mortgages - Investment Property (Section 6b)	\$0
8. Real Estate Other (Section 6c)	\$0	Mortgages - Other Real Estate (Section 6c)	\$0
9. Vehicles/Equipment		Other Debts (define)	
10. Business Interests (Section 7)	\$0		
11. Personal Property			
12. Other Assets (define)			
13.			
14.			
15.		Total Liabilities	\$0
16.		Net Worth (Total Assets - Total Liabilities)	\$0
17. Total Assets	\$0	Total Liabilities + Net Worth	\$0

Sources of Income	Applicant	Co-Applicant	Annual Expenditures	Applicant	Co-Applicant
Salary, Bonus, and Commission	\$	\$	Payments on contracts and other notes	\$	\$
Net Investment Income	\$	\$	Real Estate Loan Payments	\$	\$
Real Estate Income	\$	\$	Property Taxes and Assessments	\$	\$
Business Income	\$	\$	Insurance Payments	\$	\$
Other Income*	\$	\$	Other (Alimony, child support, maintenance)	\$	\$

Provide Description of Other Income: \_\_\_\_\_

\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.  
Provide details of all contingent liabilities (Guarantor; Co-Maker; Lease Obligations; Legal Claims & Judgements): \_\_\_\_\_

Section 1 - Cash Accounts			
Account Title		Balance	Pledged Y/N
		\$0	

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## Section 2 - Marketable Securities / Brokerage Accounts

# of Shares	Description	In Name Of	Pledged To	Value	Source of Value
Total to Assets - Line 2				\$0	

## Section 3 - Non-Marketable Securities

# of Shares	Description	In Name Of	Pledged To	Value	Source of Value
Total to Assets - Line 3				\$0	

## Section 4 - Accounts, Loans, and Notes Receivable

Receivable Holder	Original Balance	Current Balance	Annual Income	Collateral
Total Current Balance to Assets - Line 4		\$0		

## Section 5 - Life Insurance Carried (Including Group Insurance)

Owner of Policy	Face Amount	Cash Value (Asset)	Policy Loan (Liability)	Beneficiary
		\$0	\$0	

## Section 6a - Personal Residences

Address	Percent Owned	Date Acquired	Current Value (Asset)	Mortgage Balance (Liability)	Monthly Payment	Mortgage Holder
			\$0	\$0	\$0	

## Section 6b - Investment Properties

Address	Percent Owned	Date Acquired	Current Value (Asset)	Mortgage Balance (Liability)	Monthly Payment	Annual Rental Income	Mortgage Holder
			\$0	\$0	\$0	\$0	



**Section 6c - Other Real Estate Owned**

Address	Percent Owned	Date Acquired	Current Value (Asset)	Mortgage Balance (Liability)	Monthly Payment	Mortgage Holder
			\$0	\$0	\$0	

**Section 7 - Business Interests (Sole Proprietor/Partnerships/LLCs/S-Corps)**

Name of Business	Type of Interest	Your % Ownership	Your Value	Total Net Worth	Nature of Business	Tax ID Number
Total of Your Value to Assets - Line 10			\$0			

**Section 8 - Notes Payable**

Note Holder	Original Balance	Current Balance	Monthly Payment	Collateral
Total of Current Balances to Liabilities - Line 2		\$0	\$0	

**The following information is applicable to the person(s) signing this Personal Financial Statement**

	Applicant		Co-Applicant	
1. Are you a U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you involved in any suits or legal actions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have any judgments ever been entered against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you have ownership in or are you a partner in any other corporation or partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you pay alimony, child support, or separate maintenance payments? If yes, amount \$	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Do you have any contested tax liens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Do you have any contingent liabilities as endorser or guarantor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Are any debts past due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Have you ever had any assets repossessed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you applied for a loan in the past six months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Have you established a revocable or irrevocable trust? Please provide details below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to questions 2-12, please provide details:

I (we) hereby affirm that the foregoing information contained in this financial statement is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Credit Union is relying on this statement of my financial condition in making loan(s) to me. Credit Union or its designee is authorized to make any investigation of my credit or employment status either directly or through any agency employed by Credit Union for that purpose now and in the future. Credit Union may disclose to any other interested parties Credit Union's experience with this account. I agree to inform the Credit Union immediately of any matter which will cause any material change to my financial condition. I understand the Credit Union will retain this financial statement whether or not credit is granted.

Signature _____	Print Name _____	Title _____	Date _____
Signature _____	Print Name _____	Title _____	Date _____