



# Personal Financial Statement

Date
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<b>Applicant</b>			
Name			
Address			
Social Security Number	Date of Birth	Driver's License Number	Home Phone Number
<b>Applicant's Employment</b>			
Present Employer			Business Phone Number
Position			Length of Time at Present Employer
Employer's Address			
<b>Family Information</b>			
Number of Children/Dependents	Ages		
Do you have a will? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date of Will	Name of Personal Representative	
Do you have a Trust? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date of Trust	<b>Attach a separate list of assets held in Trust.</b>	
Are you the beneficiary of a Trust? <input type="checkbox"/> No <input type="checkbox"/> Yes	Comments		

YOU MAY APPLY FOR CREDIT EXTENSION OR FINANCIAL ACCOMODATION SEPERATELY OR JOINTLY.

This is being requested:

<input type="checkbox"/> Separately <input type="checkbox"/> Jointly ⇌	If the requested financial accomodation is requested jointly and does not include a spouse, the Co-Applicant must execute a separate Personal Financial Statement.
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<b>Co-Applicant</b>			
Name			
Address			
Social Security Number	Date of Birth	Driver's License Number	Home Phone Number
<b>Co-Applicant's Employment</b>			
Present Employer			Business Phone Number
Position			Length of Time at Present Employer
Employer's Address			
<b>Family Information (If different from applicant)</b>			
Number of Children/Dependents	Ages		
Do you have a will? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date of Will	Name of Personal Representative	
Do you have a Trust? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date of Trust	<b>Attach a separate list of assets held in Trust.</b>	
Are you the beneficiary of a Trust? <input type="checkbox"/> No <input type="checkbox"/> Yes	Comments		

Date or Valuations

## Personal Balance Sheet

List all amounts in dollars. Please attach a separate sheet if you need more space.

Assets	Applicant	Co-Applicant	Joint Only
Cash on Hand and in Banks (Schedule A)	\$	\$	\$
Traded and Marketable Securities (Schedule B)			
Unlisted Securities (Schedule C)			
Accounts Receivable			
Real Estate Holdings (Schedule D)			
Land Contracts or Mortgage Receivable (Schedule E)			
Loans Receivable			
Automobiles			
Other Personal Property			
Cash Surrender Value of Life Insurance (Schedule F)			
Book Value of Business Ventures (Schedule G)			
Other Assets (Itemize)			
<b>Total Assets</b>			

Liabilities	Applicant	Co-Applicant	Joint Only
Land Contracts or Mortgages Payable (Schedule D & E)			
Automobile Loans			
Notes Payable to Banks or Other Secured (Schedule H)			
Notes Payable to Banks or Other Unsecured (Schedule H)			
Loans on Life Insurance			
Loans Payable to Others			
Accounts and Bills Due			
Unpaid Income Tax			
Judgements			
Other Liabilities (Itemize)			
<b>Total Liabilities</b>			
<b>NET WORTH (Total Assets less Total Liabilities)</b>			

Contingent Liabilities (Not Included on Personal Balance Sheet)			
<input type="checkbox"/> Check here if none.			
As Endorser, Co-maker or Guarantor (i.e. Loans, Leases, or Contracts) (Schedule I)			
As General Partner			
For Taxes			
Other			

## Supporting Schedules

### SCHEDULE A - CREDIT UNIONS, BANKS, BROKERAGE, (ETC) WHERE FUNDS ARE ON DEPOSIT

Name of Institution	Location	Type of Deposit (checking, savings, etc.)	Name(s) of Owner(s)	Amount on Deposit

### SCHEDULE B - TRADED & MARKETABLE SECURITIES

# of Shares or Face Value (Bonds)	Description	In Name Of	Market Value	Amount of Loans Against Securities

### SCHEDULE C - UNLISTED SECURITIES

# of Shares	Name of Corporation	Location and Nature of Business	% Ownership	In Name Of	Loans Against	Value

### SCHEDULE D - REAL ESTATE HOLDINGS (WHOLLY OR PARTIALLY OWNED)

Address and Type of Property	Title in Name of	% Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Balance	Maturity

### SCHEDULE E - LAND CONTRACTS OR MORTGAGE RECEIVABLES

Description and Location	Owner(s) of Record	Amount Sold for	Unpaid Balance	Mortgages	Monthly Payment

### SCHEDULE F - LIFE INSURANCE CARRIED

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

### SCHEDULE G - BUSINESS VENTURES

Name & Address of Business you are a Principal or Partner	Book Value as of last Year End	% Ownership	Your Title/ Position	Total Assets of Business	Line of Business	Years In Business

### SCHEDULE H - NOTES PAYABLE TO BANKS OR OTHER

Name & Address of Creditor	Purpose of Loan	Original Loan Amt.	Date of Loan/ Maturity Date	Unsecured or Secured Collateral	Current Balance	Payment Schedule

### SCHEDULE I - CONTINGENT LIABILITIES

Name & Address of Creditor	Purpose of Loan	Original Loan Amt.	Date of Loan/ Maturity Date	Unsecured or Secured Collateral	Current Balance	Payment Schedule

## Personal Cash Flow

ANNUAL INCOME FOR THE YEAR ENDED: 20			ANNUAL EXPENDITURES		
	Applicant	Co-Applicant		Applicant	Co-Applicant
Employment Income			Property Taxes		
Dividends/Interest			Assessments		
			Income Taxes		
			Other Taxes		
			Mortgage Payments		
Real Estate Income			Other Payments:		
			Automobile		
			Charge Cards		
			Insurance		
Alimony, Child Support or Separate Maintenance Payments. *			Educational		
			Alimony/Maintenance		
Other Income			Child Support		
			Living		
<b>TOTAL INCOME</b>			<b>TOTAL EXPENDITURES</b>		

\*Income from alimony, child support, or separate maintenance income need not be revealed if you do not wish the credit union to consider the income in determining your credit worthiness.

### General Information

Are you a defendant or a participant in any litigation?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	$\Rightarrow$	Explain on a separate sheet
Have you had a judgement entered against you?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	$\Rightarrow$	Explain on a separate sheet
Have you ever filed for bankruptcy or reorganization?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	$\Rightarrow$	Explain on a separate sheet
Do you pay child support, alimony or separate maintenance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	$\Rightarrow$	Monthly Payment \$
Have you been audited by the IRS?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	$\Rightarrow$	Audit completed Tax Year of
Do you have any knowledge of any contamination or environmental liability affecting any property in which you have interest?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	$\Rightarrow$	Explain on a separate sheet
Have you been convicted or pled guilty to a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	$\Rightarrow$	Explain on a separate sheet

The information submitted on this personal financial statement is submitted to Downriver Community Federal Credit Union for the purpose of procuring, establishing, and/or maintaining credit. The undersigned authorizes Downriver Community Federal Credit Union to make all inquiries deemed necessary to verify the accuracy of the statements made herein, and to determine my/ou creditworthiness. The undersigned certifies that the information contained in this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice of a change is given this institution by the undersigned. The undersigned acknowledges that information provided within this statement will be used in deciding to grant or continue credit.

Applicant Signature	Co-Applicant Signature
Date Signed	Date Signed

The Federal Equal Opportunity Act prohibits creditors from discriminating against credit Applicants on the basis of race, color, religion, national origin, sex, marital status, or age (provided the Applicant has the capacity to enter into a binding contract); or because all or part of the Applicant's income derives from public assistance program; or because the Applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with this law concerning this creditor is noted below:

**NATIONAL CREDIT UNION ADMINISTRATION**  
**CENTRAL OFFICE**  
**1775 DUKE STREET**  
**ALEXANDRIA, VA 22314-3428**  
**703-518-6300**