

Personal Financial Statement - Confidential

Individual Credit – If relying on your own income and assets and not the income and assets of another person as a basis for extension or repayment of credit, complete this Statement only as it applies to you individually.

Joint Credit – If applying for joint credit or for individual credit relying on income and/or assets of another person for extension and repayment of credit, complete this Statement with information about income, assets and liabilities for all parties. All applicants must sign this Statement.

PERSONAL INFORMATION – SECTION 1	
INDIVIDUAL APPLICANT DETAILS	JOINT APPLICANT DETAILS (IF APPLICABLE)
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Date of Birth:	Date of Birth:
Social Security Number:	Social Security Number:
Home / Mobile Phone:	Home / Mobile Phone:
Business Phone:	Business Phone:
Email Address:	Email Address:
Employer:	Employer:
Position / Occupation:	Position / Occupation:
Length of Employment:	Length of Employment:
Employer's Address:	Employer's Address:

SOURCES OF INCOME – SECTION 2			
INDIVIDUAL APPLICANT INCOME	IN EVEN DOLLARS	JOINT APPLICANT INCOME	IN EVEN DOLLARS
Regular Salary	\$	Regular Salary	\$
Bonus & Commissions	\$	Bonus & Commissions	\$
Dividends	\$	Dividends	\$
Real Estate Income	\$	Real Estate Income	\$
Other Income	\$	Other Income	\$
TOTAL INCOME	\$	TOTAL INCOME	\$

* Alimony, child support or separate maintenance need not be disclosed unless relied upon as a basis for extension of credit.

Are you a U.S. citizen? Yes No If no, please explain your status: _____

Are you a defendant in any lawsuits? Yes No Have you ever filed for bankruptcy? Yes No

Have you ever been arrested? Yes No Do you have a will? Yes No

If you have been arrested, when and what were the charges? _____

Are you a partner, officer or owner in any other business ventures besides the business involved with this application?

Yes No If yes, please explain in Schedule D on page 2.

ASSETS & LIABILITIES – SECTION 3

ASSETS	INDIVIDUAL	JOINT	LIABILITIES & NET WORTH	INDIVIDUAL	JOINT
Cash (Sched. A)	\$	\$	Installment Loans (Sched. F)	\$	\$
Marketable Securities (Sched. B)	\$	\$	Personal Mortgages (Sched. C)	\$	\$
Personal Residence(s) (Sched. C)	\$	\$	Investment Mortgages (Sched. C)	\$	\$
Investment Real Estate (Sched. C)	\$	\$	Credit Cards & Lines (Sched. G)	\$	\$
Business Value(s) (Sched. D)	\$	\$	Contingent Liabilities (Sched. H)	\$	\$
Life Insurance Cash Value (Sched. E)	\$	\$	Guaranties on other Loans	\$	\$
Personal Property & Autos	\$	\$	Other Liabilities	\$	\$
Retirement Accounts	\$	\$		\$	\$
Other Assets	\$	\$	TOTAL LIABILITIES	\$	\$
TOTAL ASSETS	\$	\$	NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES)	\$	\$

SCHEDULE A: CASH HELD BY FINANCIAL INSTITUTIONS (Checking, Savings, Money Markets, CDs, etc.)

FINANCIAL INSTITUTION	TYPE OF ACCOUNT	OWNER(S)	IF PLEDGED, TO WHOM?	INTEREST RATE	BALANCE
				%	\$
				%	\$
				%	\$
				%	\$

SCHEDULE B: MARKETABLE & U.S. GOVERNMENT SECURITIES, STOCKS & BONDS

NUMBER OF SHARES	DESCRIPTION	IN NAME OF	IF PLEDGED, TO WHOM?	MARKET VALUE
				\$
				\$
				\$
				\$

SCHEDULE C: RESIDENCES & OTHER REAL ESTATE

Type: SF=Single Family, MF=Multi-Family, A=Apartment/Condo, C=Commercial

ADDRESS	NAME(S) ON TITLE	DATE ACQUIRED	TYPE	INTEREST RATE	MARKET VALUE	MORTGAGE AMOUNT	MONTHLY PAYMENT	LENDER
				%	\$	\$	\$	
				%	\$	\$	\$	
				%	\$	\$	\$	
				%	\$	\$	\$	

SCHEDULE D: BUSINESSES & PARTNERSHIPS

NAME	% OWNERSHIP	TYPE	DATE ACQUIRED	CURRENT VALUE	DEBTS OWED	FINANCIAL INSTITUTION NAME
				\$	\$	
				\$	\$	
				\$	\$	

SCHEDULE E: LIFE INSURANCE CARRIED T=TERM W=WHOLE LIFE

NAME OF COMPANY	T/W	FACE AMOUNT	CASH VALUE	LOANS	BENEFICIARY
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	

SCHEDULE F: INSTALLMENT LOANS (AUTO LOANS, PERSONAL LOANS, ETC.)

LENDER	ORIGINAL AMOUNT BORROWED	CURRENT BALANCE	MONTHLY PAYMENT	MATURITY DATE	SECURED BY COLLATERAL
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

SCHEDULE G: CREDIT CARDS & LINES OF CREDIT

CREDITOR	CREDIT LIMIT	CURRENT BALANCE	MONTHLY PAYMENT	INTEREST RATE	SECURED BY COLLATERAL
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		
	\$	\$	\$		

SCHEDULE H: CONTINGENT LIABILITIES

LIABILITY	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	AMOUNT	DETAILS
Responsible for alimony or child support?			\$	
Outstanding tax obligations?			\$	
Outstanding legal claims or judgments?			\$	
Any other contingent liabilities?			\$	

BUSINESS PARTNER CONTACT INFORMATION

Accountant:	Phone:
Attorney:	Phone:
Insurance agent:	Phone:

I/we have carefully read and submitted the foregoing information provided on all pages on this statement to St. Mary’s Credit Union. 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 the Credit Union. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify the Credit Union of said change(s) and unless the Credit Union is so notified it may continue to reply upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize St. Mary’s Credit Union 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 St. Mary’s Credit Union any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that I/we do not have any delinquent payments over 30 days past due or in default as of the date of this financial statement.

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statement concerning any of the above facts, pursuant to 18 U.S.C Section 10104.

Applicant’s Signature

Co-Applicant’s Signature

Date

Date

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact St. Mary’s Credit Union’s Commercial Lending Department at (866) 585-7628 within 60 days from the date that you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request.

NOTICE: The Federal Equal Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract) because all or part of the applicant’s income derives from any 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 the National Credit Union Administration, 9 Washington Square, Washington Avenue Extension, Albany, NY 12205, (518) 862-7400.

You have the right to a copy of the appraisal report used in connection with your application for credit. To receive a copy, we must hear from you in writing no later than 90 days after we notify you about the action taken on your application or from the date that you withdrew your application.

Initial: Applicant _____

Initial: Co-Applicant _____