

# CONFIDENTIAL

## WIDGET FINANCIAL

Please leave no blank spaces. Insert the word "none" in absence of any amount.

Furnished as of \_\_\_\_\_

I/We understand that the credit union designated above ("Widget Federal Credit Union, DBA Widget Financial") will rely on all the information herein in determining whether or not to extend me/us credit from time to time. I/We warrant the following to be a true and accurate statement of my/our financial condition as of the above date. I/We further agree that if any change occurs which would materially lessen my/our means or ability to pay all claims or demands against

me/us, I/we will immediately and without delay give written notice to the Credit Union. In absence of written notice to the contrary received by the credit union from me/us, this Personal Financial Statement shall be deemed to constitute a continuing warranty that there have been no material changes in such financial condition. Note: Providing false information is a felony under Federal law.

### Personal Information – Applicant

Name		
Date of Birth	Social Security Number	
Present Address (number and street)		
City	State	Zip Code
Home Phone	Business Phone	
Business/Occupation		
Employer Position	Number of Years	
Partner or Officer in any other Venture		
Number of Dependents (including Applicant)		

### Personal Information – Co-Applicant

Name		
Date of Birth	Social Security Number	
Present Address (number and street)		
City	State	Zip Code
Home Phone	Business Phone	
Business/Occupation		
Employer Position	Number of Years	
Partner or Officer in any other Venture		
Number of Dependents (including Applicant)		

### Additional Information – Applicant/Co-Applicant

If you answer yes to any of the following questions, please detail below.

- |   | Applicant  | Co-Applicant   |
|---|--|--|
| 1. Are any assets pledged? If yes, indicate on schedule A through G on following pages. | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are there any unsatisfied judgments or legal claims against you?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you ever been through bankruptcy or made settlement with creditors?             | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Contingent Assets</b>  |  |  |
| 4. Do you have a vested pension or other deferred compensation?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Do you have earned, but unpaid commissions?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Contingent Liabilities</b>   |  |  |
| 6. Are you an endorser, co-maker, or guarantor for another party?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you obligated on leases or contracts?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you obligated for any federal income tax claim?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Other Contingencies  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Detail – Applicant

Please specify above question number(s)

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### Detail – Co-Applicant

Please specify above question number(s)

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## Schedule D – Real Estate

Location and Description	Title	Date Acquired	Cost	Market Value	Insurer and Amount of Insurance
1.					
2.					
3.					
4.					

## Mortgages

Mortgagee	Amount	Current Balance	Maturity	Amount of Payment	Lease/Rental Income
1.					
2.					
3.					
4.					

## Schedule E – Life Insurance

Face Amount	Issuing Company	Policy Owner(s)	Insured	Cash Surrender Value	CSV Loans

## Schedule F – Limited Partnership Investments

Name of Partnership	Title and Type of Investment	% of Ownership	Original Investment	Annual Cashflow	Letter of Credit or Note Due

## Schedule G – Ownership in Privately Held Companies

Name and Nature of Business	Title	% of Ownership	\$ Value	Value Approach	% of Time Devoted to Company (if any)

## Schedule H – Notes Payable

To Whom	From Whom	Original Amount	Payment Terms	Current Balance	Due Date	Security

## Credit References

Please list other Financial Institutions which you previously have had or currently have accounts.

Name of Financial Institution	Location
Name of Financial Institution	Location
Name of Financial Institution	Location

## Income Statement

Income from alimony, child support, or separate maintenance payments need not be revealed if you do not rely on such income in applying for credit. If you are relying on income from alimony, child support, or separate maintenance; is this by:

**Applicant:**

Court Order    Written Agreement    Verbal Agreement

**Co-Applicant:**

Court Order    Written Agreement    Verbal Agreement

### Annual Income

#### Current Year

#### Next year Projection

Please complete or attach the most recent Federal Income Tax returns of Applicant and Co-Applicant. Complete "Projected" column for the next year.

Fiscal Year Ended \_\_\_\_\_, 20\_\_\_\_ Fiscal Year Ended \_\_\_\_\_, 20\_\_\_\_

	Current Year		Next year Projection	
	Applicant	Co-Applicant	Applicant	Co-Applicant
Salaries	\$ _____	\$ _____	\$ _____	\$ _____
Bonuses and Commissions	\$ _____	\$ _____	\$ _____	\$ _____
Dividends	\$ _____	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____	\$ _____
Capital Gains	\$ _____	\$ _____	\$ _____	\$ _____
Rents and Royalties	\$ _____	\$ _____	\$ _____	\$ _____
Partnership Distributions	\$ _____	\$ _____	\$ _____	\$ _____
Business Income	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____

### Annual Expenses

#### Current Year

#### Next year Projection

	Current Year		Next year Projection	
	Applicant	Co-Applicant	Applicant	Co-Applicant
Income Taxes	\$ _____	\$ _____	\$ _____	\$ _____
Other Tax Assessments	\$ _____	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____	\$ _____
Payment on Mortgages	\$ _____	\$ _____	\$ _____	\$ _____
Contracts	\$ _____	\$ _____	\$ _____	\$ _____
Installment Debts	\$ _____	\$ _____	\$ _____	\$ _____
Real Estate Maintenance	\$ _____	\$ _____	\$ _____	\$ _____
Personal Living Expenses	\$ _____	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____

## Authorization to Check Credit and Financial Status

The undersigned hereby authorizes the Credit Union, and any bureau or agency employed by the Credit Union, to make whatever credit inquiries it deems necessary, including but not limited to checking and verifying the undersigned's employment history and credit history, in connection with the undersigned's personal statement or in the course of review or collection of any credit extended or maintained in reliance of this statement.

The undersigned authorizes the Credit Union to answer the questions about the Credit Union's credit experience with the undersigned, unless prohibited by law. The undersigned authorizes and instructs any person or credit reporting agency to compile and furnish to the Credit Union any information it may have or obtain in response to the credit inquiries authorized herein.

Signature

Date

X

Signature

Date

X

## Optional Data (This information is requested but not required.)

	Applicant	Co-Applicant
Do you have a will? (If yes, who is the executor?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect to receive a distribution from a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No