

LIFESIMPLIFIED

PERSONAL FINANCIAL STATEMENT

As of (date)

	7.6 67 (44.16)				
Applicant:	S/S#	B/Date:			
Co-Applicant:	S/S#	B/Date:			
Residence Address	Home Phone:				
City, State, & Zip Code	Work Ph:	E-Mail:			

Assets	(Omit Cents)	Liabilities and Net Worth	(Omit Cents)
Cash on hand and in Institutions—See Sch A	\$	Notes Payable: This CU—See Schedule A	\$
U.S. Government Securities—See Schedule B		Notes Payable: Other Institutions—See	
Listed Securities—See Schedule B		Schedule A	
Unlisted Securities—See Schedule B		Notes Payable—Relatives	
Other Equity Interests—See Schedule B		Notes Payable—Others	
Accounts and Notes Receivable		Accounts and Bills Due	
Real Estate Owned—See Schedule C		Unpaid Taxes	
Mortgages and Land Contracts Receivable—		Real Estate Mortgages Payable—See	
See Schedule D		Schedule C or D	
Cash Value Life Insurance—See Schedule E		Land Contracts Payable—See Schedule C or D	
Other Assets: Itemize		Life Insurance Loans—See Schedule E	
		Other Liabilities: Itemize	
		TOTAL LIABILITIES	\$
		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

Sources of Income	Applicant	Co- applicant	General Information	nn			
Salary	\$	\$	Applicant's Employer				
Bonus and Commissions	*	Ψ	Position or Profession No. Years:				
Dividends			Employer's Address				
Real Estate Income				Phone No.			
			Co-Applicant's Employer:				
			Position or Profession:	No. Years:			
			Employer's Address:				
				Phone No.			
*Other Income: Itemize			Partner, officer or owner in any other venture	? □ No □ Yes			
			If so, explain:				
TOTAL	\$	\$					
*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under written agreement oral understanding.			Are any assets pledged? ☐ No ☐ Yes If so, explain:				
_	-		Income taxes settled through (Date)				

Contingent Liabilities	(Omit Cents)	General Information (continued)
As endorser, co-maker or guarantor	\$	Are you a defendant in any suits or legal action? ☐ No ☐ Yes
On leases		If so, explain:
Legal claims		Have you ever taken bankruptcy? ☐ No ☐ Yes
Provision for federal income taxes		If so, explain:
Other special debt, e.g., recourse or repurchase liab		Do you have a will? ☐ No ☐ Yes With whom?
		Do you have a trust? ☐ No ☐ Yes With whom?
TOTAL	\$	Number of dependents Ages

Schedule A: Credit Unions, Brokers, Savings & Loan Association, Finance Companies or Banks. List here the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

Name of Institution	Name on Account	Balance on Deposit	High Credit	Amount Owing	Monthly Payment	Secured by What Assets
	TOTAL		TOTAL			

		TOTAL			TOTAL							
		IOIAL			IOIAL			<u> </u>				
Schedule B U	.S. G		•		ed), Bonds (Gov	't & Comm.), & F	artnersh	ip Inter	ests (Ge		
		Desci	iption of securi	ities	S		In N	lame of	*Marke	t Value	Pled Yes	ged No
							1111	iame or	Marko	· raido	700	710
								TOTAL				
*If unlisted securi	ity or	partnership	interest, provi	ide	current financial	statements t	o sup		for value	uation.		
			ed (and relate	d d	ebt, if applicabl	e)	ı					
Description o Property or Addr		Title in Name O	Date Acg.		Cost +	Present				nd Contract Payable Mo. Holder		
Froperty or Addr	633	Ivairie Oi	Acy.		Improvements	Mkt. Value		Bal. Owing		Payt.		
										•		
			TOTAL									
Sahadula Di B	ool E	stata. Ma	rtanana e I an	٠ ٠ ر	Contracts Receiv	rable (and r	oloto	d dabt if	annlias	hla\		
Description o		Title in	Date	ia C	Balance	•	eiale				ot Dovo	blo
Property or Addi		Name O			Receivable	Monthly Payment		Bal. Owi		and Contract Pay Mo. H		lder
										Payt.		
			TOTAL									
Schedule E: Li	ife Ins	surance C	arried									
Name of Co	mpar	ny	Face Amount	<u>.</u>	Cash Surreno	der Value		Loans		Ве	Beneficiary	
											-	
		ΓΟΤΑL							+			
					rizes the Credit Un ormation relating to t							
the opening of an ac	ccount	or upon appl	ication for a loan	or o	ther product or servi	ce offered by th	ne Cre	dit Union, e	ither as a	consumer.	or by a co	ommercial
					antor or other party; w or collection of a							
to a consumer, or to	a com	mercial entity	of which the und	ersig	gned is a principal, m	ember, guarant	or or o	ther party.	•			
Each of the unders	igned	certify every	thing stated on th	e fr	ont and back of this	Personal Fina	ncial S	Statement a	nd any of	ther docum	nents or in	formation
					nt is true, accurate a gned hereby authorize							
					rmation concerning							
					ncerning the undersi							
					ach of the undersigner a new Personal Fina							
in writing of any cha				•						•		
In order to ex	xpedi	ite this ar	plication an	d s	serve you bette	er, it may l	be no	ecessary	for us	and/or	our ag	ents to
					e agent for ad							
indicate belov	v you	ır author	ization by ch	ecl	king the boxes	and provio	ling	the cont	act inf	ormatio	n.	
Accountant	/CPA	Name	e:				Ph	one #·				
Accountant/CPA Name:												
☐ Insurance as	gency	Nam	e:				_ Ph	one #:				
Signature:									Date:			

Date:

(if joint assets co-applicant must sign)