

**PERSONAL FINANCIAL STATEMENT AS OF: \_\_\_\_\_ (date)**

**Important: Read these directions before completing this Statement.**

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, Skip section 2.
- If you are applying for joint credit with another person, complete all the sections providing information in Section 2 about the joint applicant.
- If you are applying for individual credit, but are relying on income from alimony, child support or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all sections, providing information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying.
- If this statement related to your guaranty of the indebtedness of other person(s), firm(s) or corporation(s), skip Section 2.

**PERSONAL INFORMATION**

SECTION 1 - APPLICANT			SECTION 2 – CO-APPLICANT		
Name:			Name:		
Employer:			Employer:		
Address of Employer:			Address of Employer:		
Business Phone:	No. of Yrs with Employer:	Title/Position:	Business Phone:	No. of Yrs with Employer:	Title/Position:
Name of previous employer & position (if less than 3 years at current):		No. of Yrs.	Name of previous employer & position (if less than 3 years at current):		No. of Yrs.
Home Address:			Home Address:		
Home Phone No.:	Cell Phone No.:		Home Phone No.:	Cell Phone No.:	
Social Security No.:	Date of Birth:		Social Security No.:	Date of Birth:	
Name & Phone No. of your Accountant:			Name & Phone No. of your Accountant:		
Name & Phone No. of your Attorney:			Name & Phone No. of your Attorney:		
Name & Phone No. of your Insurance Agent:			Name & Phone No. of your Insurance Agent:		
Name & Phone No. of your Investment Advisor/Broker:			Name & Phone No. of your Investment Advisor/Broker:		

Cash Income & Expenditures Statement for the Year Ended _____ (omit cents)			
ANNUAL INCOME	AMOUNT (\$)	ANNUAL EXPENDITURES	AMOUNT (\$)
Salary (applicant)		Federal Income and Other Taxes	
Salary (co-applicant)		State Income or Other Taxes	
Bonuses & Commissions (applicant)		Rental Payments, Co-op or Condo Maintenance	
Bonuses & Commissions (co-applicant)		Mortgage Payments	Residential
			Investment
Rental Income		Property Taxes	Residential
			Investment
Interest Income		Interest and Principal Payments on Loans	
Dividend Income		Insurance	
Capital Gains		Investments (including tax shelters)	
Partnership Income		Alimony/Child Support	
Other Investment Income		Tuition	
Other Income (list) **		Medical / Other Living Expenses	
		Other Expenses (list)	
<b>Total Income ►</b>		<b>Total Expenditures ►</b>	

Any significant changes expected in the next 12 months?  Yes  No (If yes, attach information)

\*\* Income from alimony, child support, or separate maintenance need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.



**Schedule B - Insurance**

Life Insurance						
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

**Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)**

Personal Residence		Legal Owner	Purchase		Market Value	Loan Balance	Interest Rate	Maturity Date	Monthly Payment	Lender
Property Address	Year		Price							

  

Investment		Legal Owner	Purchase		Market Value	Loan Balance	Interest Rate	Maturity Date	Monthly Payment	Lender
Property Address	Year		Price							

**Schedule D – Partnerships (less than majority ownership for real estate partnerships) \***

Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships	Final Contribution Date
<b>Business/Professional (name):</b>						
<b>Investments (including Tax Shelters):</b>						

\* Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1s.

**Schedule E – Notes Payable**

Due to	Type of Facility	Amount of Loan	Secured		Collateral	Maturity	Unpaid Balance
			Yes	No			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>			

**Please answer the following questions:**

1. Income tax returns filed through (date): \_\_\_\_\_ Are any returns currently being audited or contested?  Yes  No  
If yes, what year(s)? \_\_\_\_\_
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy?  Yes  No  
If yes, please provide details: \_\_\_\_\_
3. Have you drawn a will?  Yes  No  
If yes, please furnish the name of the executor(s) and year will was drawn: \_\_\_\_\_
4. Number of dependents (excluding self) and relationship to applicant: \_\_\_\_\_
5. Have you ever had a financial plan prepared for you?  Yes  No
6. Did you include two years federal and state tax returns?  Yes  No
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)?  Yes  No  
If so, please indicate where, how much, and name of banker: \_\_\_\_\_  
\_\_\_\_\_
8. Do you anticipate any substantial inheritances?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Representations and Warranties**

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

The undersigned agrees that if Greenwood Credit Union elects to include the undersigned in Greenwood Credit Union's SBA (Small Business Administration) loan program, it may submit an SBA loan application on behalf of the undersigned using the information contained in this financial statement and other information obtained from the undersigned.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant's signature (if you are requesting the financial accommodation jointly)