PERSO	NAL FINANCIAL S	TATEN	MENT AS OF	:		(date)				
Important: Read these directions	before completing this Stat	ement.								
☐ If you are applying for individual repayment of the credit requeled. If you are applying for joint credit fyou are applying for individual basis for repayment of the crepayments or income or assets. ☐ If this statement related to your	sted, Skip section 2. lit with another person, com I credit, but are relying on i dit requested, complete all you are relying.	nplete all ncome fro sections,	the sections provom alimony, chiloproviding inform	viding information in Secti d support or separate mai nation in Section 2 about t	on 2 about the ntenance or on he person who	joint applicant. In the income or assets of a second or a second	another person as a	ì		
		P	ERSONAL IN	IFORMATION						
SECTION 1 - APPLICANT				SECTION 2 – CO-	APPLICANT	•				
Name:				Name:						
Employer:				Employer:						
Address of Employer:				Address of Employ	er:					
Business Phone:	No. of Yrs with	Title/Position:		Business Phone:		of Yrs with	Title/Position:			
	Employer:		T .			oloyer:				
Name of previous employer (if less than 3 years at curre			No. of Yrs.	Name of previous 6 (if less than 3 years		=	No. of Yr	S.		
Home Address:				Home Address:						
Home Phone No.: Cell Phone No.:				Home Phone No.:		Cell Phone No.:				
Email:	US Citizen: Y	es N	lo	Email: US Citizen:			Yes No			
Social Security No.:	Date of Birth:			Social Security No.: Date of Birth:						
Name & Phone No. of your		Name & Phone No. of your Accountant:								
Name & Phone No. of your	17	Name & Phone No. of your Attorney:								
Name & Phone No. of your	Insurance Agent:			Name & Phone No	. of your Insi	urance Ag <mark>e</mark> nt:				
Name & Phone No. of your	Investment Advisor/Br	oker:		Name & Phone No	. of your Inv	estment Advisor/Bro	ker:			
	Y 0 /		i +	Шю		10				
Cash Income & Expendit		cents)								
ANNUAL INCOME		AM	OUNT (\$)		EXPENDITU		AMOUNT (\$)			
Salary (applicant)				Federal Income an						
Salary (co-applicant) Bonuses & Commissions (applicant)				State Income or Other Taxes Rental Payments, Co-op or Condo Maintenance						
Bonuses & Commissions (co-applicant)				Mortgage Payments	Residential					
Pontal Income				-	Investmen					
Rental Income				Property Taxes Residentia						
Interest Income				Investment Interest and Principal Payments on Loans						
					Jai Payinein	.S OII LOGIIS				
Dividend Income Canital Gains			Insurance Investments (including tay chalters)							
Capital Gains Partnership Income			Investments (including tax shelters)							
Partnership Income Other Investment Income			Alimony/Child Support Tuition							
Other Income (list) **	Medical / Other Living Expenses									
other meome (list)	Other Expenses (list)									
	Total Income N			Janes Expenses (III	-	onditures >				

Any significant changes expected in the next 12 months? 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.

BALANCE SHE	ET as of											
	ASSETS AMOUNT (\$)		AMOUNT (\$)		AMOUNT (\$)							
Cash in Greenw	vood CU (including money market			Notes Payable to	Greenwood CU							
accounts and C				Secured								
Cash in Other Financial Institutions (including				Unsecured								
money market accts and CDs)				Notes Payable to Others (Schedule E)								
				Secured								
Readily Market	able Securities (Sched	lule A)	-		Unsecured							
				Accounts Payable (including credit cards)								
Non-Readily Ma	arketable Securities (S	Schedule A)	_	Margin Accounts								
A N	lakaa Daaabaala				nership (Schedule D)							
	otes Receivable			Taxes Payable	Cabadula C\							
(Schedule B)	nder Value of Life Insu	irance	_	Mortgage Debt (Life Insurance Lo								
	l Estate (Schedule C)			Other Liabilities								
	estments (Schedule C)			Other Liabilities	(LIST).							
	C Interests (Schedule)											
	ofit Sharing & Other \											
Retirement Acc		vested										
Deferred Incom	e (number of years def	erred)										
Personal Prope	rty (including automo	biles)			A							
Other Assets (Li	st):											
						abilities ►						
						t Worth ►						
	To	otal Assets >			Total Liabilities + Ne	t Worth ►						
CONTINGENT		<u> </u>			YES	NO	AMOU	NT				
	ntor, co-maker, or er	ndorser for any de	bt of any individu	al, corporation o		- 9	\$					
partnership?												
	y outstanding letters			VVU					_			
Are there any s	uits or legal actions pe	ending against you	1?						_			
Are you conting	gently liable on any le	ase or contract?							_			
Are any of your	tax obligations past of	due?	i t	II n	$i \circ n$							
What would be	your total estimated	tax liability if you	were to sell your	major assets?								
If yes for any of	the above, provide d	etails:							_			
, ,	, i											
Schedule A – All Securities (including non-money market mutual funds)												
No. of Shares		unig non-money		Tuliusj								
(Stock) or Face	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MAF	RKET VALUE	PLE	DGI	ED			
Value (Bonds)						YES		NO				
Readily Marketa	ble Securities (including	g U.S. Governments	and Municipals)*									
								\dagger	$\overline{\Box}$			
								+	$\frac{\square}{\square}$			
Non-Readily Marketable Securities (closely held, thinly traded, or restricted stock)												
INDII-NEAUIIY WIAI	veranie securities (CIOS	ery neid, tilling trac	ieu, oi Testrictea s						_			
				Ì	ĺ							
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^{*} If not enough space, attach a separate schedule or brokerage statement and enter totals only.

		1									
Disability Insurance		Applicar	nt		Co	-Applica	nt				
Monthly Distribution if I											
Number of Years Covere	ed										
						• • •	• •				
Schedule C – Persona	il Residence & R							wnersr	nip on		<u> </u>
	rsonal Residence Legal Owner		hase	Market Value	Loan Balance	Inte	I N	Maturity Date		Monthly Payment	Lender
Property Address		Year	Price	value	Dalatice	: Na	te			Payment	
		_									
				_							
nvestment Property Address	Legal Owner	Purchase		Market Value	Loan Balance	Inte	· · · · · · · · · · · · · · · · · · ·	Maturity Date		Monthly Payment	Lender
Property Address		Year	Price	value	Dalatice	: Na	ie –			Payment	7
		_									
				1)	T (
Schedule D – Partner	ships (less than	majority	owners	hip for real	estate	partners	hips) *				
Schedule D – Partner Type of Invest		majority Date of I	nitial	hip for real Cost	estate Perce Own	nt Cur	hips) * rent Mar	rket		ice Due on tnerships	
Type of Invest	tment	Date of I	nitial		Perce	nt Cur	rent Mar	rket			_
Type of Invest	tment	Date of I	nitial	Cost	Perce	nt Cur	rent Mar Value	rket			Contribution
Type of Invest	tment	Date of I	nitial	Cost	Perce	nt Cur	rent Mar Value				Contribution
Type of Invest	ment	Date of I	nitial	Cost	Perce	nt Cur	rrent Mar Value		Part		Contribution
Type of Invest	ment	Date of I	nitial	Cost	Perce	nt Cur	rrent Mar Value		Part		Contribution
Type of Invest Business/Professional (na	ment	Date of I	nitial	Cost	Perce	nt Cur	rrent Mar Value		Part		Contribution
Type of Invest Business/Professional (na	ment	Date of I	nitial	Cost	Perce	nt Cur	rrent Mar Value		Part		Contribution
Type of Invest Business/Professional (na	ment	Date of I	nitial	Cost	Perce	nt Cur	rrent Mar Value		Part		Contribution
Type of Invest Business/Professional (na	ment	Date of I	nitial	Cost	Perce	nt Cur	rrent Mar Value		Part		Contribution
Type of Invest Business/Professional (na	ment	Date of I	nitial	Cost	Perce	nt Cur	rrent Mar Value		Part		Contribution
Type of Invest Business/Professional (na	x Shelters):	Date of I	nitial	Cost	Perce	nt Cur	Value		Part	enerships	Contribution
Type of Invest Business/Professional (na nvestments (including Ta	x Shelters):	Date of I	nitial nent	Cost	Perce	nt Cur	Value		Part	enerships	Contribution
Type of Invest Business/Professional (na nvestments (including Ta	x Shelters): which represent a maments or S-corporate	Date of I	nitial nent	Cost	Perce	nt Cur	Value		Part	enerships	Contribution
Type of Invest Business/Professional (na nvestments (including Ta Note: For investments w ase of partnership invest	x Shelters): which represent a maments or S-corporate	Date of I	on of you ule K-1s.	Cost	Perce Own	nt Cur	relevant f	financial	Part	ents or tax re	Contribution Date
Type of Invest Business/Professional (na Investments (including Ta * Note: For investments we case of partnership investions Schedule E – Notes Poue to	x Shelters): which represent a maments or S-corporate	Date of I	on of you ule K-1s.	Cost	Perce Own	nt Cur	Value	financial	Part	enerships	Contribution Date
Type of Invest Business/Professional (na Investments (including Ta * Note: For investments was of partnership invests Schedule E – Notes Pa	x Shelters): which represent a maments or S-corporate	Date of I	on of you ule K-1s.	Cost	Perce Own	nt Cur	relevant f	financial	Part	ents or tax re	Contribution Date Particular of the Contribution Date Unpaid

Cash

Surrender

Value

Beneficiary

Amount

Borrowed

Ownership

Schedule B - Insurance

Insurance Company

Face Amount

of Policy

Type of Policy

Life Insurance

Please answer the following questions:	
1. Income tax returns filed through (date): Are any re	eturns currently being audited or contested?
If yes, what year(s)?	
2. Have (either of) you or any firm in which you were a major owner ever	declared bankruptcy?
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 draw 4. Number of dependents (excluding self) and relationship to applicant:	wn:
5. Have you ever had a financial plan prepared for you?	No
6. Did you include two years federal and state tax returns?	☐ No
7. Do (either of) you have a line of credit or unused credit facility at any o	ther institution(s)?
If so, please indicate where, how much, and name of banker:	
8. Do you anticipate any substantial inheritances? Yes N	n
If yes, please explain:	
- Yes, please explain.	
Representations and Warranties	
The information contained in this statement is provided to induce you to or to others upon the guarantee of the undersigned. The undersigned are information provided herein in deciding to grant or continue credit or to warrants and certifies that the information provided herein is true, correspondingly and in writing of any change in name, address, or employm information contained in this statement or (2) in the financial condition of undersigned to perform its (or their) obligations to you. In the absence considered as a continuing statement and substantially correct. If the uninformation herein should prove inaccurate or incomplete in any material or the indebtedness guaranteed by the undersigned, as the case may be inquiries you deem necessary to verify the accuracy of the information of undersigned. The undersigned authorize any person or consumer report undersigned. Each of the undersigned authorizes you to answer question any obligation or guarantee of the undersigned to you is outstanding, the statement. This personal financial statement and any other financial or opposerty. The undersigned agrees that if Greenwood Credit Union elects to include Business Administration) loan program, it may submit an SBA loan application to the information obtained from the information of the information obtained from the information obtained from the information of the in	cknowledge and understand that you are relying on the accept a guarantee thereof. Each of the undersigned represents, act and complete. Each of the undersigned agrees to notify you ent and of any material adverse change (1) in any of the of any of the undersigned or (3) in the ability of any of the of such notice or a new and full written statement, this should be indersigned fail to notify you as required above, or if any of the all respect, you may declare the indebtedness of the undersigned immediately due and payable. You are authorized to make all contained herein and to determine the credit-worthiness of the sing agency to give you any information it may have on the ins about your credit experience with the undersigned. As long as the undersigned shall supply annually an updated financial other information that the undersigned give you shall be your the undersigned in Greenwood Credit Union's SBA (Small station on behalf of the undersigned using the information
Date	Your signature
Date	Co-applicant's signature (if you are requesting the financial accommodation jointly)