

PERSONAL FINANCIAL STATEMENT



Business Name of Applicant/Borrower: _____

APPLICANT INFORMATION							
Applicant's Name			D.O.B.	Joint Applicant's Name		D.O.B.	
Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other			No. Yrs.	Present Address <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		No. Yrs.	
SSN		Home Phone	Cell Phone	SSN		Home Phone	Cell Phone
Driver's License # / State / Expiration Date / Issue Date				Driver's License # / State / Expiration Date / Issue Date			
Email Address				Email Address			

EMPLOYMENT INFORMATION						
Name & Address of Employer			No. Yrs.	Name & Address of Employer		No. Yrs.
Position/Title	Business Phone	Annual Salary (Verifiable)	Position/Title	Business Phone	Annual Salary (Verifiable)	

ASSETS AND LIABILITIES INFORMATION			
Assets		Liabilities	
Cash on Hand and in Banks (Sch. A)	\$	Real Estate Mortgages – Residence (Sch. D)	\$
Marketable Securities (Sch. B)		Home Equity Loans (Sch. F)	
Accounts and Notes Receivable (Sch. C)		Auto Loans (Sch. F)	
Real Estate Owned – Residence (Sch. D)		Student Loans (Sch. F)	
Life Insurance – Cash Value (Sch. E)		Credit Card Debt (Sch. F)	
Real Estate Owned – Other (Sch. G)		Real Estate Mortgages – Other (Sch. G)	
Individual Retirement Accts (IRA, 401K)		Accounts/Notes Payable (Sch. F)	
Closely-Held Businesses		Other Debt (Sch. F)	
Automobiles			
Personal Property			
Other Assets			
Total Assets	\$	Total Liabilities	\$
NET WORTH (Total Assets - Total Liabilities) \$ _____			

Contingent Liabilities and Tax Return Information				
<i>If you answer "yes" to any questions, please provide details on a separate sheet.</i>	Applicant		Joint Applicant	
Have (either of) you or any firm in which you were a major owner, ever declared bankruptcy or settled any debts for less than the amounts owed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are (either of) you a defendant in any suit or legal action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the tax returns provided to COFCU filed and accepted by the IRS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are (either of) you a guarantor, co-maker or endorser for any debt of an individual, corporation or partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are (either of) you presently subject to any unsatisfied judgments or tax liens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are (either of) you liable for any unpaid federal or state taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do (either of) you receive alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do (either of) you pay alimony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please complete schedules on the other side.

ATTACH SUPPORTING DOCUMENTATION FOR ALL SCHEDULES

Schedule A – Banking Information			
Bank	Account Holder	Acct Type	Current Balance
			\$
			\$
TOTAL:			\$

Schedule B – Marketable Securities/Mutual Funds					
<i>Please attach recent monthly statement(s)</i>					
Description	Legal Owner	# of Shares	Cost	Market Value	Pledged?
			\$	\$	
			\$	\$	
TOTAL:			\$	\$	

Schedule C – Accounts and Notes Receivable				
Borrower	Secured/Unsecured	Original Amt.	Current Balance	Mo. Pmt.
		\$	\$	\$
		\$	\$	\$
TOTAL:		\$	\$	\$

Schedule D – Real Estate Owned – Primary Residence		
Legal Owner		
Address		
Mortgage Holder		
Mortgage Balance	\$	
Monthly Payment	\$	
Taxes Escrowed?	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
Insurance Escrowed?	<input type="checkbox"/> Y <input type="checkbox"/> N	\$

Schedule E – Life Insurance					
Insurance Company Name	Beneficiary	Term (T) Whole Life (W)	Face Value	Loans Against	Cash Value
			\$	\$	\$
			\$	\$	\$
TOTAL:			\$	\$	\$

Schedule F – Accounts and Notes Payable to Banks, Credit Unions, Financial Institutions, and Others					
<i>Include Investor Notes Payable/Business Debt – list on a separate sheet if necessary</i>					
Payee	Secured By	Original Amount	Current Balance	Mo. Payment	Maturity Date
		\$	\$	\$	
		\$	\$	\$	
TOTAL:		\$	\$	\$	

Schedule G – Other Real Estate Owned						
<i>List on a separate sheet if necessary</i>						
Real Estate Entity Name						
% of Interest						
Address						
Type of Property						
Cost	\$		\$		\$	
Market Value	\$		\$		\$	
Mortgage Balance	\$		\$		\$	
Monthly P&I Pmt.	\$		\$		\$	
Taxes Escrowed?	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$
Insurance Escrowed?	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$	<input type="checkbox"/> Y <input type="checkbox"/> N	\$

The undersigned certifies that both sides hereof and the information inserted therein has been carefully read and is true and complete. The undersigned further represents that there are no encumbrances against any of the foregoing property except those specifically disclosed above. Charter Oak Federal Credit Union is authorized to verify the information disclosed and to perform a credit investigation. The undersigned authorizes Charter Oak Federal Credit Union to give credit information to any credit reporting service and to advise others about its credit experience with the applicant. It is also agreed that the financial statement shall remain the property of Charter Oak Federal Credit Union whether or not credit is granted.

Applicant's Signature	Date	Joint Applicant's Signature	Date