

## Personal Financial Statement



Please complete all information, sign and date form

| Applicant        |  |                             |  |
|------------------|--|-----------------------------|--|
| Applicant Name:  |  | Social Security Number:     |  |
| Street Address:  |  | Date Of Birth:              |  |
| City, State, Zip |  | Current Employer:           |  |
| Home Phone:      |  | Position:                   |  |
| Email Address:   |  | Number Of Years:            |  |
| Business Phone:  |  | Annual Salary (verifiable): |  |

| Joint Applicant  |  |                             |  |
|------------------|--|-----------------------------|--|
| Applicant Name:  |  | Social Security Number:     |  |
| Street Address:  |  | Date Of Birth:              |  |
| City, State, Zip |  | Current Employer:           |  |
| Home Phone:      |  | Position:                   |  |
| Email Address:   |  | Number Of Years:            |  |
| Business Phone:  |  | Annual Salary (verifiable): |  |

| Personal Assets and Liabilities are Stated as of Date: |  |  |  |
|--|--|--|--|
| <b>ASSETS:</b>   |  | <b>LIABILITIES:</b>                    |  |
| Cash in this Credit Union:                             |  | Notes Payable to Credit Union:         |  |
| Cash in other Financial Institutions:                  |  | Notes Payable to Others:               |  |
| Marketable/Non-Marketable Securities:                  |  | Accounts Payable (incl. credit cards): |  |
| Cash Value of Life Insurance:                          |  | Life Insurance Loans:                  |  |
| Residential Real Estate Owned:                         |  | Residential Mortgage Debt:             |  |
| Investment Real Estate Owned:                          |  | Investment Real Estate Mortgage Debt:  |  |
| Closely-Held Businesses:                               |  | Notes Due: Closely-Held Businesses:    |  |
| Individual Retirement Accounts:                        |  | Taxes payable:                         |  |
| Accounts and Notes Receivables:                        |  | Other Liabilities (please list):       |  |
| Personal Property:                                     |  |  |  |
| Other Assets:  |  |  |  |
| TOTAL ASSETS:  |  | TOTAL LIABILITIES:                     |  |
|  |  | NET WORTH (=ASSETS-LIABILITIES):       |  |

| ANNUAL INCOME (Verifiable): |  | ANNUAL EXPENSES:                  |  |
|-----------------------------|--|-----------------------------------|--|
| Applicant's Salary:         |  | Income Taxes (State and Federal): |  |
| Commissions/Bonuses:        |  | Rent or Mortgage Payment:         |  |
| Co-Applicant's Salary:      |  | Auto Loan Payments:               |  |
| Commissions/Bonuses:        |  | Credit Card Payments:             |  |
| Divident & Interest:        |  | Other Loan Payments:              |  |
| Business Income:            |  | Living Expenses:                  |  |
| Gross Rental Income:        |  | Other:                            |  |
| Other Income:               |  | Other:                            |  |
| TOTAL INCOME:               |  | TOTAL EXPENSES:                   |  |

| Representations and Warranties: |
|---------------------------------|
|---------------------------------|

In order to expedite our processes and serve you better, it may be necessary for us and/or our agents to contact your accountant and/or insurance agent for additional personal or business information. Please indicate below your authorization by checking the boxes and providing the contact information.

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Accountant / CPA | Name: <input style="width: 80%;" type="text"/> | Phone: <input style="width: 80%;" type="text"/> |
| <input checked="" type="checkbox"/> Insurance Agency | Name: <input style="width: 80%;" type="text"/> | Phone: <input style="width: 80%;" type="text"/> |

The information contained in this statement is provided to induce Vermont Federal Credit Union to extend or to continue extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledges and understands that Vermont Federal Credit Union is 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 Vermont Federal Credit Union immediately in writing of any changes 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 Vermont Federal Credit Union. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. Vermont Federal Credit Union is authorized to make all inquiries they deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. The undersigned authorizes any person or consumer reporting agency to give Vermont Federal Credit Union any information it may have on the undersigned. Each of the undersigned authorizes Vermont Federal Credit Union to answer questions about their credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to Vermont Federal Credit Union is outstanding, the undersigned shall supply annually an updated financial statement.

|   |  |
|---|--|
| Signature: <input style="width: 90%;" type="text"/> | Date: <input style="width: 90%;" type="text"/> |
| Signature: <input style="width: 90%;" type="text"/> | Date: <input style="width: 90%;" type="text"/> |

| Schedule A: Marketable/Non-Marketable Securities: |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|---|--|--|--|--|--|--|

| Description: | Legal Owner: | # of Shares: | Cost: | Market Value: | Pledged: (Yes or No) |
|--------------|--------------|--------------|-------|---------------|----------------------|
|              |              |              |       |               |                      |
|              |              |              |       |               |                      |
|              |              |              |       |               |                      |
|              |              |              |       |               |                      |
|              |              |              |       |               |                      |
|              |              |              |       |               |                      |

| Schedule B: Cash Value of Life Insurance / Life Insurance Loans: |  |  |  |  |  |
|--|--|--|--|--|--|
|--|--|--|--|--|--|

| Insurance Company: | Legal Name: | Beneficiary: | Face Value: | Loans: | Cash Value: |
|--------------------|-------------|--------------|-------------|--------|-------------|
|                    |             |              |             |        |             |
|                    |             |              |             |        |             |
|                    |             |              |             |        |             |
|                    |             |              |             |        |             |
|                    |             |              |             |        |             |
|                    |             |              |             |        |             |

| Schedule C: Residential Real Estate Owned / Residential Mortgage Debt |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|---|--|--|--|--|--|--|

| Address: | Legal Owner: | Cost: | Market Value: | Mortgage Balance: | Monthly Payment: |
|----------|--------------|-------|---------------|-------------------|------------------|
|          |              |       |               |                   |                  |
|          |              |       |               |                   |                  |
|          |              |       |               |                   |                  |

| Schedule D: Investment Real Estate Owned |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|--|--|--|--|--|--|--|--|

| Address: | Legal Owner: | Cost: | Market Value: | Mortgage Balance: | Monthly Payment: | Ownership % |
|----------|--------------|-------|---------------|-------------------|------------------|-------------|
|          |              |       |               |                   |                  |             |
|          |              |       |               |                   |                  |             |
|          |              |       |               |                   |                  |             |
|          |              |       |               |                   |                  |             |
|          |              |       |               |                   |                  |             |
|          |              |       |               |                   |                  |             |
|          |              |       |               |                   |                  |             |
|          |              |       |               |                   |                  |             |
|          |              |       |               |                   |                  |             |

| Schedule E: Closely Held Businesses / Notes Due to Closely Held Businesses |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|--|--|--|--|--|--|--|

| Business Name: | Position: | % Interest | Total Assets: | Present Value: | Balances Owed: | Monthly Payments: |
|----------------|-----------|------------|---------------|----------------|----------------|-------------------|
|                |           |            |               |                |                |                   |
|                |           |            |               |                |                |                   |
|                |           |            |               |                |                |                   |
|                |           |            |               |                |                |                   |