

Personal Financial Statement

As of _____ Date

To: Marine Federal Credit Union – Confidential



Check One: Individual Statement Joint Statement

Personal Information

Borrower:		Date of Birth:	Co-Borrower:		Date of Birth:
Address (City/State/Zip):		Years at Address:	Address (City/State/Zip):		Years at Address:
Telephone:	Home Email:		Telephone:	Home Email:	
Social Security Number:	Driver's License:	Issuing State:	Social Security Number:	Driver's License:	Issuing State:
Employer/Position:		Years on Job:	Employer/Position:		Years on Job:
Employer Address (City/State/Zip):			Employer Address (City/State/Zip):		
Work Telephone:	Work Email:		Work Telephone:	Work Email:	

_____ Check this space if you are providing a current income tax return (complete with all schedules) in lieu of completing the "Gross Annual Income" section below. By doing so, you certify that tax return information is correct and Marine FCU can rely upon it as stated below.
Note: Complete all other sections of this form.

Annual Income And Expenditures For Year Ended

Gross Annual Income	Borrower	Co-Borrower	Combined	Annual Expenditures	Borrower	Co-Borrower	Combined
Salary/Bonuses/Commissions	\$	\$	\$	Mortgage/Rent Payment	\$	\$	\$
Dividend Interest	\$	\$	\$	Real Estate Taxes & Assessments	\$	\$	\$
Real Estate Income	\$	\$	\$	Federal, State & Local Taxes	\$	\$	\$
Other Income (List)**	\$	\$	\$	Insurance Payments	\$	\$	\$
Other Income (List)**	\$	\$	\$	Interest & Principle on Loan Payments	\$	\$	\$
Other Income (List)**	\$	\$	\$	Alimony, Child Support Maintenance	\$	\$	\$
Total Income	\$	\$	\$	Other Expenses	\$	\$	\$
				Total Expenditures	\$	\$	\$

**Alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis of repaying this obligation.

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

Statement of Financial Condition

Assets	Liabilities
Total Cash (Sch A-pg 2)	Notes Payable to Marine FCU
Deposits at Marine FCU (Sch A-pg 2)	Secured
Deposits at other Financial Institutions (Sch A-pg 2)	Unsecured
Readily Marketable Securities (Sch B-pg 2)	Accts Payable Including Charge Cards (Sch F-pg 2)
Non-Readily Marketable Securities (Sch B-pg 2)	Margin Accounts
Accounts & Notes Receivables	Notes Due – Business Ventures (Sch F-pg 2)
Residential Real Estate (Enter amt on pg 2 - Sch D)	Payable Taxes
Cash Value of Life Ins (Enter amt on pg 2 - Sch E)	Mortgage Debt (Enter amt on pg 2 - Sch D)
IRA, Keogh, Profit Sharing & other Vested Retirement	Life Insurance Loans (Sch E-pg 2)
Deferred Income (No. of years deferred: _____)	Other Liabilities (list)
Personal Property (include automobiles)	Total Liabilities
Other Assets (list)	Net Worth (total Assets minus total Liabilities)
Total Assets	

Schedule A

Cash, Checking and Savings Accounts, Certificates of Deposit, Money Market Funds, etc. (attach supplemental information as required)

Financial Institution	Account Type	Owner	Check If Joint Owner	If Pledged, To Whom?	Balance
			_____		\$
			_____		\$
			_____		\$

Schedule B & C

U.S. Government & Marketable Securities or Non-Marketable Securities (indicate if non-marketable and attach additional sheet if needed)

No. of Share or Bond Values	Description	Investor Name(s)	Registered	Pledged	Held By Other	Market Value	Exchanges Where Traded
						\$	
						\$	
						\$	
						\$	
						\$	

Schedule D

Personal residence & Real Estate investments, Mortgage Debt (Attach additional sheet if needed)

Type of Property	Legal Owner	Purchase Price	Market Value	Loan Balance	Interest Rate	Loan Maturity	Monthly Payment*	Percentage Owned	Lender
		\$	\$	\$	%		\$	%	
		\$	\$	\$	%		\$	%	
		\$	\$	\$	%		\$	%	
		\$	\$	\$	%		\$	%	
		\$	\$	\$	%		\$	%	
		\$	\$	\$	%		\$	%	

*Including taxes and insurance

Schedule E

Life Insurance Carried, Including Group Insurance

Insurance Company	Owner of Policy	Beneficiary	Relationship	Type of Policy	Face Amount	Policy Loans	Surrender Value
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$

Schedule F & G

Outstanding Loan With Banks, Credit Unions, Brokers, Finance Companies, Credit Cards, etc.

Lender	Account Number	(J)	Line Limit	Original Amount	Loan Balance	Type of Loan	Monthly Payment	Final Payment Date	Secured By
			\$	\$	\$		\$		
			\$	\$	\$		\$		
			\$	\$	\$		\$		
			\$	\$	\$		\$		

Other Assets

Description	Value
	\$
	\$
	\$

Other Liabilities

Description	Value
	\$
	\$
	\$

Personal Information

Contingent Liabilities	(Omit Cents)	General Information	
As Endorser, Co-Maker or Guarantor	\$	Are you a defendant in any suits or legal action? <input type="checkbox"/> Yes <input type="checkbox"/> No	
On Leases	\$	If so, explain:	
Legal Claims	\$	Have you declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provision for Federal Income Taxes	\$	If so, explain:	
Other Special Debts (example: Recourse or Repurchase)	\$	Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total	\$	Number of Dependents:	Ages:

Each of the undersigned hereby instructs, consents and authorizes Marine Federal Credit Union (Marine FCU), and/or its agent(s) to obtain a consumer credit report and any other information relating to their individual credit status in the following circumstances: (a) relating to the opening of an account or upon application for a loan or other product or service offered by Marine FCU by a commercial entity of which the undersigned is a principal, member, guarantor or other party; (b) thereafter, periodically according to Marine FCU's credit review and audit procedures, and (c) relating to Marine FCU's review or collection of a loan, account, or other Marine FCU product or service made or extended to a commercial entity of which the undersigned is a principal, member, guarantor or other party.

Each of the undersigned certify everything stated on the front and back of this *Personal Financial Statement* and any other documents or information submitted in connection with this *Personal Financial Statement* is true, accurate and complete. Each of the undersigned understands that Marine FCU will retain this *Personal Financial Statement*. Each of the undersigned hereby authorize Marine FCU to verify at any time any information submitted to Marine FCU by or on behalf of the undersigned, obtain further information concerning the credit standing of the undersigned, including without limitation, credit and employment history; and exchange credit information concerning the undersigned with other individuals or entities, including, without limitation, any affiliate, subsidiary or other entity related to Marine FCU. Each of the undersigned authorize Marine FCU to consider this *Personal Financial Statement* as a continuing statement of financial condition until replaced by a new *Personal Financial Statement* or until the undersigned specifically notifies Marine FCU in writing of any change in such financial condition.

In order to expedite this application and serve you better, it may be necessary for us/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.

Accountant/CPA Name: _____ Telephone Number: _____

Insurance Agency Name: _____ Telephone Number: _____

Signature: _____ Date: _____

Signature: _____ Date: _____