

Personal Financial Statement

As of Date: _____, 20____

The following personal financial statement is submitted to Commercial Alliance for the purpose of procuring, establishing, and maintaining credit. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein and to determine my/our credit worthiness.

Married Michigan Residents Signing Individually: List only those assets which you own individually or as marital property. List all liabilities, individual and marital.

APPLICANT INFORMATION (type or print)		CO-APPLICANT INFORMATION (type or print)	
Full Name:		Full Name:	
Social Security Number:		Social Security Number:	
Residence Address:		Residence Address:	
City:		City:	
State, Zip Code:		State, Zip Code:	
Position or Occupation:		Position Or Occupation:	
Business Name/Employer:		Business Name/Employer:	
Business Address:		Business Address:	
City, State, Zip Code:		City, State, Zip Code:	
Business Phone:		Business Phone:	
Res. Phone:		Res. Phone	
ASSETS (In Dollars, Omit Cents)	DOLLARS	LIABILITIES (In Dollars, Omit Cents)	DOLLARS
Cash on Hand and on Deposit (Schedule A)	\$	Notes Payable to Banks - Secured (Schedule F)	\$
Marketable Securities (Schedule B)		Notes Payable to Banks - Unsecured (Schedule F)	
Unlisted Securities (Schedule B)		Due to Brokers (Schedule F)	
Restricted/Control Stock (Schedule B)		Mortgage Loans (Schedule E)	
Accounts/Notes Receivable (Schedule C)		Land Contracts (Schedule E)	
Cash Value Life of Insurance (Schedule D)		Accounts Payable to Others - Secured	
Personal Residence (Schedule E)		Accounts Payable to Others - Unsecured	
Other Real Estate (Schedule E)		Credit Cards Payable	
Real Estate Sold on Land Contract (Schedule E)		Life Insurance Loans	
Retirement Funds		Unpaid Taxes - Property and Income	
Vehicles Owned			
Other Personal Assets (Itemize)		Other Debts/Liabilities (Itemize)	
Other Assets			
		TOTAL LIABILITIES	\$
		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$
ANNUAL INCOME	DOLLARS	CONTINGENT LIABILITIES	DOLLARS
Salary	\$	Endorser	\$
Bonuses/Commissions		Co-Maker	
Dividends		Guarantor	
Real Estate Income		Income Tax	
Other Income* (Itemize)		Leases/Contracts	
		Legal Claims	
		Other	
TOTAL	\$	TOTAL	\$

*Income from alimony, child support, or separate maintenance income need not be revealed if you do not wish the credit union to consider the income in determining your credit worthiness.

Schedule A – (Cash on Hand and on Deposit)

Name of Financial Institution	Account in Name(s) of	Type of Account (Checking, Savings, CD, IRA)	Current Balance

Schedule B – (Marketable Securities, Unlisted Securities, Restricted/Control Stock)

Marketable/Non-Marketable	No. of Shares or Par Value Bonds, Notes, Bills	Description	Owner(s)	Market Value	Pledged Yes/No

Schedule C – (Accounts/Notes Receivable)

Description	% Ownership	Owed By	Amount of Loan	Pledged Yes/No

Schedule D – (Life Insurance Carried – Include Group)

Face Amount	Name of Company	Owner(s)	Beneficiary	Cash Surrender Value

Schedule E – (Real Estate)

Address	Owners of Record	% Owned	Market Value	Lender	Loan Balance	Monthly Payment	Maturity

Schedule F – (Notes/Loans Payable)

Lender	Current Balance	Type of Security	Interest Rate	Maturity	Monthly Payment

Personal Information

Are any assets pledged other than as described on schedules? If yes, describe.
Are you a partner or officer in any other venture which could result in individual liabilities? If yes, describe.
Are you obligated to pay alimony, child support, or separate maintenance payments? If yes, describe.
Are you a defendant in any suits or legal action? If yes, describe.
Do you have a will? If yes, name the executor?
Have you ever declared bankruptcy? If yes, describe.

The undersigned certifies that the information contained in this financial statement is true and correct and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. It may be a federal crime punishable by a fine of not more than \$5,000 or imprisonment for not more than two years or both to knowingly make false statements concerning any of the above information, under provisions of Title 18, United States Code, Section 1014.

Date Signed: _____

Signature: _____

Signature (of spouse if joint): _____