

PERSONAL FINANCIAL STATEMENT

C O N F I D E N T I A L

Applicant

Date

Name Email Address

Date of Birth Social Security number Driver's License #

Address

Home Phone Business Phone

Present Employer Position Length of Time with Employer

Address

NOTE: Reflect in this statement the financial condition of any co-applicant as well as your own financial condition.

Co-Applicant

If jointly, name of Co-Applicant Email Address

Date of Birth Social Security Number Driver's License Number

Address

Home Phone Business Phone

Present Employer Position Length of Time with Employer

Address

Credit Requested

\$ Amount

Purpose (personal or business, describe specific purpose)

Source of Repayment

Collateral

Attachments Required

Two (2) years tax returns complete with all supporting schedules and K-1s.
Current bank deposit and broker statements to support liquid asset values.

PERSONAL BALANCE SHEET

- | | |
|---|---|
| <ul style="list-style-type: none"> List all amounts in dollars. Omit cents. Please attach a separate sheet if you need more space to complete a detailed schedule. “Applicant” and “Co-applicant” columns are for solely owned assets of either party. “Other” columns are for jointly owned assets or living trust assets held by you as trustee. | <ul style="list-style-type: none"> Alimony, child support or separate maintenance payments do not need to be disclosed unless the income is necessary to meet your payment obligation. In lieu of completing this statement, a detailed personal financial statement prepared by your accountant or through the use of a personal financial software package (i.e., Quicken) may be submitted. Both the statement and this form must be signed and dated. |
|---|---|

HOW HELD CODES	<u>Single Ownership</u>	<u>“SO”</u>	<u>Tenants in Common</u>	<u>“TC”</u>
Community Property	“CP”	Joint Tenants	“JT”	Held in Trust
			“TR”	

DATE OF VALUATIONS:

	Applicant Amount	Co-Applicant Amount	Trust/Other Amount	How Held Code
ASSETS				
Deposit Accounts – Health One Credit Union				
Deposit Accounts – Other Financial Institutions				
Accounts Receivable (List)				
Retirement Accounts (Specify Type)				
Securities Owned (Schedule 1)				
Cash Surrender Value of Life Insurance (Schedule 2)				
Real Estate (Schedule 3)				
Automobiles				
Personal Property				
Other Assets (List)				
TOTAL ASSETS				
	Applicant Amount	Co-Applicant Amount	Other Amount	How Held Code
LIABILITIES				
Notes payable due to Health One Credit Union				
Secured				
Unsecured				
Notes payable due to Others (Schedule 4)				
Secured				
Unsecured				
Accounts & Bills Due				
Income Taxes Payable				
Other Taxes Payable				
Loans on Life Insurance (Schedule 2)				
Mortgages or Loans on Real Estate (Schedule 3)				
Installment Contracts Payable				
Other Liabilities (List)				
Contingent Liabilities (Schedule 5)				
TOTAL LIABILITIES				
NET WORTH				

S U P P O R T I N G S C H E D U L E S

SCHEDULE 1 **Securities Owned** (attach broker statement/s)

No. Shares or Face Value of Bonds	Description (1)	Owned By	How Held Code*	Present Market Value	Amount Pledged (P) or Restricted (R)
TOTAL					

(1)NOTE: Please indicate "M" for Marketable or "NM" for Non-Marketable in this column.

SCHEDULE 2 **Life Insurance**

Name of Insured	Insurance Company	Policy Owner	Face Value Amount	Cash Surrender Cash Value	Loans
TOTAL					

SCHEDULE 3 **Real Estate and Mortgages**

Address & Type of Property	Title in Name of	How Held Code	Market Value Year Acquired	Unpaid Balance	Monthly Income	To Whom Payable	Payment	Int. Rate
TOTAL								

SCHEDULE 4 **Notes Payable**

To Whom Payable	Address	Name of Debtor	Collateral	Interest Rate	Maturity Date	Unpaid Balance
TOTAL						

SCHEDULE 5 **Contingent Liabilities**

(List all guarantees of loans, leases, or other financial obligations, including contingent tax liabilities.)

To Whom Payable	How Obligated (describe)	Source of Repayment	Payment Terms	Amount Obligated
TOTAL				

PERSONAL CASH FLOW

Sources of Income – Current Year

	Applicant	Co-Applicant	Joint
Salary			
Bonuses & Commissions			
Dividend & Interest Income			
Real Estate			
Other – Detail:			
Other – Detail:			
TOTAL INCOME			

CREDIT REFERENCES

Give names of banks, finance companies, or creditors (include credit card issuers) where credit has been obtained.

Name	Address	Date Obtained	Name in Which Account is Carried	Account Number	Credit Limit

Have you ever been declared bankrupt? () Yes () No
 Have you ever had a judgment against you? () Yes () No
 Are any assets pledge or debts secured except as shown? () Yes () No
 Are you a defendant in any suit or legal action? () Yes () No
 Is your estate plan current? () Yes () No
 Will () Yes () No
 Trust () Yes () No
 Name of personal representative _____

YOUR REPRESENTATIONS AND WARRANTIES

I/We represent and warrant to Health One Credit Union that all of the information provided in this financial statement, along with any attachments and including the designation of the ownership of al assets listed, is true, complete, and correct. I/We understand that the Bank is relying on the accuracy and completeness of this information in deciding to grant or continue the financial accommodation requested and that false statements constitute a violation of Federal law. You may retain and verify this statement and are authorized to conduct such investigation into my financial affairs, as you deem necessary, including a consumer credit report.

I HAVE READ, UNDERSAND AND AGREE TO MAKE THESE REPRESENTATIONS AND WARRANTIES.

Date	Your Signature	Witness
Date	Co-Applicant's Signature (If you are requesting the financial accommodation jointly.)	Witness

HEALTH ONE CREDIT UNION
 600 East Lafayette
 Detroit, MI 48226
 313.225.9755