

# Personal Financial Statement

As of Date: \_\_\_\_\_, 20\_\_\_\_

## Fox Communities Credit Union

**Married Wisconsin 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:	Birthdate:	Full Name:	Birthdate:
Social Security #:		Social Security #:	
Residence Address:		Residence Address:	
City, State, Zip:		City, State, Zip:	
Position or Occupation:		Position or Occupation:	
Business Name/Employer:		Business Name/Employer:	
Business Address:		Business Address:	
City, State, Zip:		City, State, Zip:	
Res. Phone:	Bus. Phone:	Res. Phone:	Bus. Phone:
ASSETS	DOLLARS	LIABILITIES	DOLLARS
Cash and on Deposit (Schedule A)	\$	Short-Term Notes Due (Schedule F)	\$
Govt. and Listed Securities (Schedule B)		Installment Notes Due (Schedule F)	
Unlisted Securities (Schedule B)			
Accounts and Notes Receivable (Schedule C)			
Cash Value Life Insurance (Schedule D)		Life Insurance Loans (Schedule F)	
Residence (Schedule E)			
Other Real Estate Owned (Schedule E)		Real Estate Mortgages (Schedule E)	
Retirement Funds			
Vehicles Owned			
Other Personal Property (Please Itemize)		Other Debts/Liabilities (Please Itemize)	
Other Assets		Unpaid Taxes	
		<b>TOTAL LIABILITIES</b>	\$
		<b>NET WORTH</b>	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$
ANNUAL INCOME*	DOLLARS	CONTINGENT LIABILITIES	
Salary	\$	Endorser:	\$
Other Income (itemize) **		Co-Maker:	
		Guarantor:	
Spouse Salary		Income Tax:	
Other Income (itemize) **		On Leases/Contracts:	
		Other:	
<b>TOTAL</b>	\$	<b>TOTAL</b>	\$

\* Married Wisconsin Residents signing individually, include income of spouse

\*\* 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.

PERSONAL INFORMATION
Are you a partner or officer in any other venture? If so, describe.
Have you ever declared bankruptcy? If so, describe.
Do you have a will? If so, name of personal representative.
Are you a defendant in any legal actions or suits? If so, describe.

Schedule A (Cash on Hand and Money on Deposit)				
Type	Name of Financial Institution	Amount	In Name of	Pledged Yes/No

Schedule B (US Government, Listed & Unlisted Securities) List on separate sheet if necessary				
No. of Shares of Face Value	Description	Owner(s)	Market Value	Pledged Yes/No

Schedule C (Accounts and Notes Receivable)		
Description	Owed By	Amount Due

Schedule D (Life Insurance Carried - include group)				
Face Amount	Name of Company	Owner(s)	Beneficiary	Cash Surrender Value

Schedule E (Real Estate)							
Address	% Owned	Year Acquired	Market Value	Lender	Loan Balance	Maturity	Monthly Payment

Schedule F (Other Debts) Use additional sheet if necessary						
Lender	Current Balance	Interest Rate	Monthly Payment	Secured Yes/No	Type of Collateral	

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) \_\_\_\_\_