



**PERSONAL FINANCIAL STATEMENT AS OF \_\_\_\_\_**

**PERSONAL INFORMATION**

<b>APPLICANT (NAME) :</b>				<b>CO-APPLICANT (NAME):</b>			
Employer:				Employer:			
Address of Employer:				Address of Employer:			
Business Phone Number:	No. of Years with Employer:	Title/Position:		Business Phone Number:	No. of Years with Employer:	Title/Position:	
Name of previous employer & position (if with current employer less than 3 yrs)			No. of Yrs.	Name of previous employer & position (if with current employer less than 3 yrs)			No. of Yrs.
Home Address:				Home Address:			
Home Phone Number:	Social Security No.:	Date of Birth:		Home Phone Number:	Social Security No.:	Date of Birth:	
Cell Phone Number:		Fax Number:		Cell Phone Number:		Fax Number:	
Name & Phone Number of your Accountant:				Name & Phone Number of your Accountant:			
Name & Phone Number of your Attorney:				Name & Phone Number of your Attorney:			
Name & Phone Number of your Insurance Advisor:				Name & Phone Number of your Insurance Advisor:			

**Cash Income & Expenditures Statement For Year Ended \_\_\_\_\_ (omit cents in form below):**

<b>ANNUAL INCOME</b>	<b>AMOUNT (\$)</b>	<b>ANNUAL EXPENDITURES</b>	<b>AMOUNT (\$)</b>
Salary (applicant)	\$	Federal Income and Other Taxes	\$
Salary (co-applicant)	\$	State Income and Other Taxes	\$
Bonuses & Commissions (applicant)	\$	Rental Payments, Co-op or Condo Maintenance	\$
Bonuses & Commissions (co-applicant)	\$	Mortgage Payments – Residential Property	\$
Rental Income	\$	Mortgage Payments – Investment Property	\$
Interest Income	\$	Property Taxes – Residential Property	\$
Dividend Income	\$	Property Taxes – Investment Property	\$
Capital Gains	\$	Interest & Principal Payments on Loans	\$
Partnership Income	\$	Insurance	\$
Other Investment Income	\$	Investments (including tax shelters)	\$
Other Income (List) **	\$	Alimony/Child Support **	\$
	\$	Tuition	\$
	\$	Other Living Expenses	\$
	\$	Medical Expenses	\$
	\$	Other Expenses (List)	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Total Income:</b>	\$	<b>Total Expenditures:</b>	\$

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

\*\* Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.



<b>SCHEDULE B – INSURANCE (Life Insurance – use additional sheet if necessary) (be sure to post totals to proper line on Balance Sheet)</b>						
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

<b>SCHEDULE C – PERSONAL RESIDENCES MORTGAGE DEBT (be sure to post totals to proper line on Balance Sheet)</b>									
Property Address	Legal Owner	Purchase		Market Value	Present Ln. Bal.	Int. Rate	Maturity Date	Monthly Payment	Lender
		Year	Price						

<b>SCHEDULE C – INVESTMENT PROPERTY MORTGAGE DEBT (be sure to post totals to proper line on Balance Sheet)</b>									
Investment Property Address	Legal Owner	Purchase		Market Value	Present Ln. Bal.	Int. Rate	Maturity Date	Monthly Payment	Lender
		Year	Price						

<b>SCHEDULE D – PARTNERSHIPS (less than majority ownership for real estate partnerships)* (be sure to post totals to proper line on Balance Sheet)</b>						
TYPE OF INVESTMENT	DATE OF INITIAL INVESTMENT	COST	PERCENT OWNED	CURRENT MARKET VALUE	BALANCE DUE ON PARTNERSHIP NOTES, CASH CALLS	FINAL CONTRIBUTION DATE
Business/Professional (indicate name)						
Investments (including Tax Shelters)						

\* Note for investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K'-1s.

<b>SCHEDULE E – NOTES PAYABLE</b>								
DUE TO	TYPE OF FACILITY	AMOUNT OF LOAN	SECURED		COLLATERAL	INT. RATE	MATURITY	UNPAID BALANCE
			YES	NO				

**Representations and Warranties:**

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are 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 you immediately and in writing of any change 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 you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorizes any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned gives to you shall be your property.

The undersigned certifies that the information provided on and with this form, including financial statements, is complete and correct and that we are authorized to execute this form on behalf of the Applicant. Applicant authorizes Coastal1 Credit Union ('the Credit Union') to obtain credit reports and to release credit information to others (please see our privacy statement) regarding Applicant from time to time. Applicant also authorizes the Credit Union to obtain copies of its tax returns and information from the IRS and other taxing authorities and agrees to execute whatever forms the Bank requests to obtain such information.

I/We understand that any willful misrepresentations of information provided in my/our Applicant statement could result in fine and/or imprisonment under the provisions of the U.S. Criminal Code.

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Co-Applicant's Signature  
*(If you are requesting the financial accommodation jointly.)*