

Personal Financial Statement



3777 West Road, PO Box 1208
 East Lansing, MI 48826
 Phone: 517-333-2365
 Fax: 517-664-4865

Date	Account Number
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Personal Information				
Name of Individual			Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Street Address <input type="checkbox"/> Own <input type="checkbox"/> Rent	City	State	ZIP	
Email	Home / Cell Phone	SSN	Date of Birth	
Employer	Employer Address	City	State	ZIP
Business Phone Number	Title / Position	Number of Years with Employer		
Name of Previous Employer & Position (<i>if with current employer less than 3 years</i>)			Number of Years	
Spouse Name (<i>Only if co-borrower/guarantor</i>)			Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Street Address	City	State	ZIP	
Email	Home / Cell Phone	SSN	Date of Birth	
Employer	Employer Address	City	State	ZIP
Business Phone Number	Title / Position	Number of Years with Employer		
Name of Previous Employer & Position (<i>if with current employer less than 3 years</i>)			Number of Years	
Name and Phone Number of Your Accountant		Name and Phone Number of Your Attorney		
Name and Phone Number of Your Investment Advisor/Broker		Name and Phone Number of Your Insurance Advisor		

Sources of Annual Income	Guarantor 1	Guarantor 2
Salary (amount reported on W-2) or Professional Net Income	\$	\$
Bonuses and commissions	\$	\$
Interest and dividends	\$	\$
Alimony, child support, and separate maintenance payments*	\$	\$
Net real estate	\$	\$
Other income	\$	\$
Total annual income	\$	\$

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

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General Information

Are you a defendant in any suit or legal action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
Are you presently subject to any unsatisfied judgments or tax liens?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		

Information Concerning Will

Date of Will	<input type="checkbox"/> No Will	<input type="checkbox"/> No Executor
Have you ever been through bankruptcy or settled any debts for less than amount owed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain: _____		
Have you filed Federal Income Tax returns for the most recent year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you paid all related taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a trust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Assets	Amount	Liabilities	Amount
Cash on hand and in financial institution Name(s) of institution(s)	\$	Loans payable to financial institutions secured (Schedule D)	\$
Savings Name(s) of institution(s)	\$	Loans payable to financial institutions unsecured (Schedule D)	\$
IRA	\$	Auto loans and leases (Schedule D)	\$
Other retirement	\$	Amounts payable to others (Schedule E)	\$
Life insurance: Cash surrender value only (Schedule A)	\$	Credit cards (Schedule D)	\$
Stocks and bonds (Schedule B)	\$	Unpaid income tax	\$
Real estate owned (Schedule C)	\$	Other unpaid taxes and interest	\$
Personal property (jewelry, etc.)	\$	Real estate mortgage payable	\$
Automobiles – present value	\$	Other debts – itemize	
Net worth of business % owned	\$		
Other assets – itemize			
		Total Liabilities	\$
		Net Worth (N/W)	\$
Total Assets	\$	Total Liabilities and N/W	\$

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Schedules A-E

Schedule A - Life Insurance Carried (Specify Term, Whole, Universal Insurance)

Face Amount	Name of Company	Beneficiary	Cash Surrender Value	Loans	Policy Number
\$			\$		
\$			\$		
\$			\$		

Schedule B - Stocks, Bonds, IRAs, and 401(k)s

# Shares or Face Value (Bonds)	Description	In the Name Of	Market Value
			\$
			\$
			\$
			\$
			\$

Schedule C - Real Estate Owned

List each parcel separately. Use additional sheet if necessary.
Each attachment must be identified as part of this statement and signed.

	Property A	Property B	Property C
Owner (business/personal)			
Type of Property			
Address			
Date Purchased			
Original Cost	\$	\$	\$
Present Market Value	\$	\$	\$
Name of Mortgage Holder			
Mortgage Balance	\$	\$	\$
Amount of Payment per Month/Year (principal and interest)	\$ <input type="checkbox"/> per Month <input type="checkbox"/> per Year	\$ <input type="checkbox"/> per Month <input type="checkbox"/> per Year	\$ <input type="checkbox"/> per Month <input type="checkbox"/> per Year
Amount of Payment per Month/Year (principal, interest, tax, insurance)	\$ <input type="checkbox"/> per Month <input type="checkbox"/> per Year	\$ <input type="checkbox"/> per Month <input type="checkbox"/> per Year	\$ <input type="checkbox"/> per Month <input type="checkbox"/> per Year
Type (1st mortgage, home equity line-of-credit, other)			

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Schedule D - Loan Payable to Financial Institutions (Secured, Unsecured, and Autos)

Noteholder Name	Collateral	Rate	Current Monthly Payment	Current Balance
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$
		%	\$	\$

Schedule E - Amounts Payable to Others (Land Contract, Investor Loans, etc.)

Noteholder Name	Collateral	Original Amount	Current Monthly Amount	Current Balance	Past Due
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

I authorize MSU Federal Credit Union to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify below that the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan.

The undersigned certifies that both sides hereof and the information inserted therein has been carefully read and is true, correct, and complete.

Name (printed): _____

Name (printed): _____

Title/Position: _____

Title/Position: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Use additional schedules when necessary.