

Personal Financial Statement



MSU FEDERAL CREDIT UNION
 3777 West Road • PO Box 1208
 East Lansing, MI 48826
 Phone: 800-678-4968, ext. 4848
 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	Intent to apply for joint credit? <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	Intent to apply for joint credit? <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.

General Information

Are you a defendant in any suit or legal action? Yes No

If yes, please explain: _____

Are you presently subject to any unsatisfied judgments or tax liens? Yes No

If yes, please explain: _____

Information Concerning Will

Date of Will No Will No Executor

Have you ever been through bankruptcy or settled any debts for less than amount owed? Yes No

If yes, explain: _____

Have you filed Federal Income Tax returns for the most recent year? Yes No

Have you paid all related taxes? Yes No

Do you have a trust? Yes 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	\$

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			
<p>List each parcel separately. Use additional sheet if necessary. Each attachment must be identified as part of this statement and signed.</p>			
	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 <i>(principal and interest)</i>	\$ <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 <i>(principal, interest, tax, insurance)</i>	\$ <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)			

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, pursuant to CFR 1002.7 (d)(1) Equal Credit Opportunity Act.

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.