

# **Personal Financial Statement**

YOU MAY APPLY FOR A CREDIT EXTENSION OR FINANCIAL ACCOMODATION INDIVIDUALLY OR JOINTLY WITH A CO-APPLICANT. THIS STATEMENT AND ANY APPLICABLE SUPPORTING SCHEDULES MAY BE COMPLETED JOINTLY BY BOTH MARRIED AND UNMARRIED CO-APPLICANTS IF THEIR ASSETS AND LIABILITIES ARE SUFFICIENTLY JOINED SO THAT THE STATEMENT CAN BE MEANINFGUL AND FAIRLY PRESENTED ON A COMBINED BASIS; OTHERWISE SEPARATE STATEMENTS AND SCHEDULES ARE REQUIRED.

WE INTEND TO APPLY JOINTLY	
APPLICANT	
NAME:	SOCIAL SECURITY #
ADDRESS:	
TELEPHONE NUMBER:	DATE OF BIRTH:
PRESENT EMPLOYER:	POSITION:
ADDRESS:	
<u>CO-APPLICANT</u>	
NAME:	SOCIAL SECURITY #
ADDRESS:	
TELEPHONE NUMBER:	DATE OF BIRTH:
PRESENT EMPLOYER:	POSITION:
ADDRESS:	

## DATE OF COMPLETION

\* Round all amounts to the nearest \$100

\* Attach separate sheet if you need more space

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash On Deposit with SCFCU		Notes Payable Banks & Other (Schedule 7)	
Cash in Other Banks (Detail)			
		Due Dept. Stores, Credit Cards & Others	
Due from Others (Schedule 1)		Income Taxes Payable	
Mortgage & Contracts for Deed Owned		Other Taxes Payable	
(Schedule 2)			
Securities Owned (Schedule 3)		Loans on Life Insurance (Schedule 4)	
Cash Surrender Value of Life Insurance			
Homestead (Schedule 5)		Mortgage on Homestead (Schedule 6)	
Other Real Estate Owned (Schedule 5)		Mortgage or Liens on Other Real Estate	
Automobiles			
Personal Property		Other Liabilities (Detail)	
Estimate of Personal Property			
		TOTAL LIABILITIES	
		Net Worth (total Assets Less Total Liabilities)	
TOTAL		TOTAL	
Annual Income	Applicant	Contingent Liabilities	AMOUNT
Salary		As Endorser	
Commissions		As Guarantor	
Dividends & Interest		Lawsuits	
Interest		For Taxes	
Rentals			
OTHER		Other (Detail)	
Co Applicant Income		X Check here if "None"	
TOTAL INCOME		TOTAL CONTINGENT LIABILITIES	

# SCHEDULE 1 DUE FROM FRIENDS, RELATIVES, & OTHERS

Name of Debtor	Owed To	Collateral	How Payable	Maturity Date	Unpaid				
					Balance				
			/ mc						
			/ mc	)					
				TOTAL	0				

# SCHEDULE 2 MORTGAGE AND CONTRACTS FOR DEED OWNED

Name of Debtor	Property Type	Lien Position	Creditor (Owed	How Payable	Unpaid
			To)		Balance
				/ mo	
				/ mo	
				mo	
				mo	
				mo	
				TOTAL	0

#### **SCHEDULE 3 SECURITIES OWNED**

No. Shares or	Description	In Whose Name(s)	Cost	Present Market	L - listed
Bond Amount		Registered		Value	U - unlisted
			-		
				TOTAL	0

## SCHEDULE 4 LIFE INSURANCE

Insured	Insurance Company	Beneficiary	Face	Value of	Cash Value	Loans
			Polic	Value of Sy		
			TOTALS	0	0	(

#### SCHEDULE 5 REAL ESTATE

Property Address	Name on Title	Monthly Income (If	Cost & Year	Current Market	Insurance
		Applicable)	Purchased	Value	Amount
(Homestead)					
				1	
		•	TOTAL	0	

#### SCHEDULE 6 MORTGAGES OR LIENS ON REAL ESTATE

To whom payable	Address o	f Mortgaged	Loan Balance	Loan Payment	Interest Rate	Maturity Date
	Property					
				/ mo.		
				/ mo.		
				/		
				/		
				/		
		TOTAL	0			

## SCHEDULE 7 NOTES PAYABLE BANKS & OTHER INSTALLMENT CONTRACTS PAYABLE

To whom payable	Purpose of loan	Coll	ateral on Loan	Loan Balance	Loan Payment
		or U	Insecured		
					0 / mo.
					/ mo.
					/
					/
					/
			TOTAL	0	

	APPLICANT	<u>CO-APPLICANT</u>
Have you ever gone through bankruptcy or had a judgment against you?		
Are any assets pledged or debts secured except as shown?		
Have you made a Will?		
Number of Dependents (If "None" check None)		
Marital Status (answer only if this financial statement is provided in connection with a request for secured credit or applicant is seeking a joining account with spouse.		

I/We have carefully read and submitted the foregoing information provided on all three pages of this statement to St Cloud Financial Credit Union (SCFU). The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with SCFCU I/We agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify SCFCU of said change(s) and unless notified it may continue to rely upon this financial statement and the said representations made herein as a true and accurate statement of my/our financial condition.

By signing below you authorize St. Cloud Financial Credit Union to pull a credit report(s).

I/We fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Date

**Applicant Signature** 

Date

**Co-Applicant Signature (if requesting Jointly)** 

(Rev. 10/2021)

Schedule of Real Estate Owned (SREO)



Owner Name	Property Address, City, State	Property Type*	% Owned	Number of Units	Date Acquired	Purchase Price	Name of Lender(s)	Current Principal Balance	Monthly Mortgage Payment (P&I)	Interest Rate	Current Estimated Market Value	Gross Monthly Rent
Indicate of property is: MF: N	lultifamily; O: Office; R = I	Retail; I = Ind	ustrial/Warel	nouse; L = Lar	nd; PR = Persona	al Residence; S	SFR = Single Family Re	esidence (not y	our personal resi	dence)		

Signature

Date

Signature

Date