

PERSONAL FINANCIAL STATEMENT TO:


 Individual Financial Statement

 Joint Financial Statement

As of: _____

Applicant: _____	DOB: _____	SSN: _____
Address: _____	City: _____	State: _____ Zip: _____
Email Address: _____		No. of Dependents: _____
Cell Phone: _____	Home Phone: _____	Fax: _____
Employer: _____	Position: _____	Duration: _____
Joint Applicant: _____	DOB: _____	SSN: _____
Email Address: _____		
Cell Phone: _____	Home Phone: _____	Fax: _____
Employer: _____	Position: _____	Duration: _____

SOURCES OF INCOME

Note: You are not required to reveal receipt of alimony, child support or maintenance payments in connection with this financial statement. If you wish us to consider any such payments, please describe them in other income.

APPLICANT			JOINT APPLICANT		
Salary	Annual		Salary	Annual	
Bonus & Commission	Annual		Bonus & Commission	Annual	
Dividends & Interest	Annual		Dividends & Interest	Annual	
Net Real Estate Income	Annual		Net Real Estate Income	Annual	
Retirement Income	Annual		Retirement Income	Annual	
Other Income	Annual		Other Income	Annual	
Total	Annual		Total		
< Annual avg per month >			< Annual avg per month >	Annual	

ASSETS			LIABILITIES		
Cash on Hand & on deposit	Schedule A		Credit Cards & Line of Credits	Schedule G	
Cash Value Life Insurance	Schedule H		Life Insurance Policy Loans	Schedule H	
Public Stocks & Bonds	Schedule B		Margin Accounts	Schedule B	
Retirement Accounts & IRAs	Schedule C		Unpaid Taxes & Interest	Schedule G	
Real Estate	Schedule D		Mortgage(s) & HELOC	Schedule D	
Autos, Boats, RVs, etc.	Schedule F		Loans for Autos, Boats, RVs, etc.	Schedule F	
Loans to Individuals	Schedule F		Loans from Individuals	Schedule G	
Loans to Businesses	Schedule F		Loans from Businesses	Schedule G	
Net Worth of Businesses Owned	Schedule E		Other Liabilities	Schedule F/G	
Other Assets	Schedule F				
			Total Liabilities		
			Net Worth <small>(Total Assets - Total Liabilities)</small>		
Total Assets			Total Liabilities & Net Worth		

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Income tax returns filed through (year): _____	Are any returns audited?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, which year? _____
2. Have applicant(s) or any firm in which applicant(s) was a major owner ever declared bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please provide details: _____				
3. Do(es) applicant(s) have lines of credit and/or unused credit facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, list on Schedule G.	

Schedule A CASH & DEPOSIT ACCOUNTS (Checking, Savings, CD, Money Market, etc.)				
Name of Institution	Type of Account	Title in name of (name of individual)	Account Balance	Pledged? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL				

Schedule B PUBLICLY TRADED STOCKS AND BONDS (List individual stocks or portfolio totals)				
Name Public Bonds or Stocks	Title in name of (name of individual)	Investment Account Balance	Margin Account Balance (stock loans)	Pledged? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL				

Schedule C RETIREMENT ACCOUNTS (401k, IRA, Roth IRA, Simple IRA, SEP, etc.)				
Plan Administrator	Type of Account	Title in name of (name of individual)	Retirement Account Balance	Fully Vested? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL				

Schedule D REAL ESTATE (When partially owned, identify % ownership interest and list real estate at partial ownership value)												
Address		Title in name of	% Ownership	Date Acquired	Cost	Market Value	Mortgage Holder	Current Balance	Rate	Payment	Rental Income	
Residence			%								-----	
	2nd Mortgage Loan (Non-Revolving)											-----
	Home Equity Line of Credit (HELOC)											-----
Second Residence and Investment Real Estate			%									
			%									
			%									
			%									
			%									
			%									
			%									
			%									
			%									
TOTAL												

Schedule E PARTNERSHIP/CORPORATE INFORMATION (Identify % ownership interest and list ownership value)						(Please provide K1s for all entities)
Company Name	Business Description	% Ownership	Partial Net Worth	Outstanding Contingent Business Debt	Total Monthly Payments	
		%				
		%				
		%				
		%				
		%				
TOTAL						

Schedule F LIST ALL OTHER ASSETS (List assets with and without outstanding liabilities such as Autos, Boats, College Savings Plans, Loans to Individuals/Businesses)						
Asset Description	Title in name of	Asset Value	Outstanding Debt	Monthly Payment	Creditor	Interest Rate
TOTAL						

Schedule G LIST ALL OTHER LIABILITIES (List all liabilities such as Credit Cards, Lines of Credit, Student Loans, Owed Taxes/Interest, Loans from Individuals/Businesses)						
Liability Description	In name of	Outstanding Debt	High Balance	Monthly Payment	Creditor	Interest Rate
TOTAL						

Schedule H LIFE INSURANCE							
Insurance Company	Policy Type	Insured	Beneficiary	Policy Face Amount	Cash Value	Amount Borrowed	Pledged?
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL							

Schedule I DISABILITY INSURANCE	Applicant	Co-Applicant
Please identify the amount of monthly distribution if disabled		
Number of Years Covered		

Schedule J CONTINGENT LIABILITIES	Applicant		Co-Applicant	
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation or partnership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any suits or legal actions pending against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you contingently liable on any lease or contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of your tax obligations past due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you liable for alimony and/or child support payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you made any capital contributions to investments in the past 12 mos.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Representations and Warranties ("You" refers to Virginia Credit Union, its successors and/or assigns)
 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 or guarantee thereof. Each of the undersigned represents, warrants and certifies (i) that the assets are held or titled as set forth above and (ii) 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 or (4) in the manner in which the above assets are held or titled. 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 provided, including credit report(s) and direct credit inquiries. 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 give you shall be your property. With respect to a default under any loan by, or obligation of the undersigned (or either of them, if more than one) to, you based, in whole or in part, on your reliance on the information contained in this statement, if any of the above assets not listed as trust assets, or any interest therein, is transferred to or held in trust subsequent to the date of this statement, you shall be entitled to exercise with respect to such assets, or interests therein, all of your rights as a creditor to which you would be otherwise entitled if such assets, or interests therein, were not transferred to or held in trust, anything contained in the common law, state law, federal law or the trust agreement to the contrary notwithstanding.

Equal Credit Opportunity Notice for Businesses ("You" and "Your" refers to Applicant and Co-applicant)
 If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact your loan officer within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, East Central Region, Eaton Center, Suite 200 1111 Superior Avenue Cleveland, OH 44114-2507.

Signed: _____
Your Signature

Date: _____

Signed: _____
Co-Applicant's Signature (if you are requesting the financial accommodation jointly)

Date: _____