



Personal Financial Statement

Confidential

(888) 354-6228 x7437
 P.O. Box 11777
 Santa Ana, CA 92711
 BusinessTeam@orangecountyscu.org

As of _____

The following document must be completed by each borrower or guarantor with more than 10% ownership in the business.

Applicant	GENERAL INFORMATION		
Full Name:	Full Name:		Spouse
SSN:	SSN:		
DOB (mm/dd/yyyy):	DOB (mm/dd/yyyy):		
Home Phone:	Home Phone:		
Mobile Phone:	Mobile Phone:		
Business Phone:	Business Phone:		
Email:	Email:		
RESIDENCE ADDRESS			
Street:	City:	State:	Zip:
MAILING ADDRESS			
Street:	City:	State:	Zip:

INCOME SUMMARY		
EMPLOYMENT	Applicant	Spouse
Employer:		
Position/Profession:		
Number of Years:		
Employer Address:		
ANNUAL EARNINGS		
Salary	\$	\$
Bonus / Commission	\$	\$
Interest & Dividends	\$	
Real Estate Income	\$	
Other Income (Please Detail)	\$	
	\$	
	\$	
	\$	
TOTAL INCOME:	\$	
NOTE: Alimony, child support, or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding		

Mortgage / Rent (Personal Residence)	\$
Property Taxes / Assessments (if not included in mortgage payment)	\$
Living Expenses (Estimated)	\$

Are/were you a defendant in any suits or legal action?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you declared bankruptcy in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you had property foreclosed upon (or title/deed in lieu) in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Are you delinquent or in default on any Federal debt or any other loan/obligation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Are you obligated to alimony, child support, or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list amount(s):
Do you have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of trust:
How many dependents do you have?		
How many years of experience do you have in Commercial Real Estate?		

Ckng ✓	Sav ✓	CD ✓	Institution Name	Name on Account		Pledged for a loan?	Balance of Loan	Maturity Date of Loan
TOTAL								

Schedule 2	STOCKS & BONDS			
Description	Name on Account / Ownership	Total Value	Purchased on Margin or 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
TOTAL				

Schedule 3	SCHEDULE OF REAL ESTATE OWNED									
Property Address	Type (see Key)	Name(s) on Title	% Owned	Acquisition Date / Cost	Mortgagee(s) or Lien Holder(s)	Monthly Income	Monthly Payment	Monthly Expenses	Present Value	Balance Owed
				Date:						
				Cost:						
Ownership % Totals:										
				Date:						
				Cost:						
Ownership % Totals:										
				Date:						
				Cost:						
Ownership % Totals:										
				Date:						
				Cost:						
Ownership % Totals:										
				Date:						
				Cost:						
Ownership % Totals:										
				Date:						
				Cost:						
Ownership % Totals:										
TOTALS										

Property Key

- SFR = Single Family Residence
- MF = Multifamily/Apartment
- RET = Retail
- OFF = Office
- IND = Industrial
- UL = Unimproved Land

PLEASE PHOTOCOPY AND ATTACH ADDITIONAL PAGES AS NECESSARY

Owner(s)	Due From	Collateral	Maturity Date	How Payable		
				Amount	Per	
TOTAL					TOTAL	

Institution/Agency Name	Name on Account	Type of Account	
TOTAL			

Entity Name (Partnerships/LLCs/S Corps/Trusts)	Owner(s)	% Owned	
TOTAL			

Schedule 7	MISCELLANEOUS ASSETS / PERSONAL PROPERTY & OTHER NOTES / LOANS PAYABLE			
Description	Owner(s)	Value (enter "N/A" if liability only)	Pledged as Collateral?	Balance Owed
			<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			TOTAL	

ASSETS		
Schedule 1	Checking / Savings / CD Accounts	\$
Schedule 2	Stocks & Bonds	\$
Schedule 3	Real Estate	\$
Schedule 4	Accounts & Notes Receivable	\$
Schedule 5	Retirement Accounts	\$
Schedule 6	Other Equity Interests	\$
Life Insurance (Face Value: \$ _____)		\$ (Cash Surrender Value)
Schedule 7	Other Assets / Personal Property	\$
TOTAL ASSETS:		\$
LIABILITIES		
Total Revolving / Credit Card Balances		\$
Schedule 3	Real Estate Loans	\$
Schedule 7	Notes / Loans Payable (No Real Estate)	\$
Contingent Liabilities (e.g. as Guarantor – attach explanation as necessary)		\$
Other Liabilities (Please Detail)		\$
		\$
		\$
		\$
TOTAL LIABILITIES:		\$
NET WORTH (Total Assets – Total Liabilities):		\$

I/We have carefully read and submitted the preceding information provided on all 5 pages of this statement to Orange County's Credit Union. 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. I/We agree that if any material changes occur in my/our financial condition that I/we will immediately notify Orange County's Credit Union of said changes and unless Orange County's Credit Union is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/We authorize Orange County's Credit Union to make whatever credit inquiries it deems necessary in connection with this financial statement. I/We authorize and instruct any person or consumer reporting agency to furnish to the Orange County's Credit Union any information that it may have or obtain in response to such credit inquiries.

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.

I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if none, write "NONE."

Applicant Signature	Spouse/Co-Applicant Signature
_____	_____
(DATE)	(DATE)