

FINANCIAL STATEMENT

AMOUNT REQUESTED		REPAY NO. OF MONTHS	PURF OF LO								No. OF YEARS AT PHYSICAL ADDRESS	
APPLICANT	LAST NAME			FIRST NAME		MIDDLE ACCT INITIAL NO.						
E-MAIL ADDRESS				HOM PHOM			WORK PHONE					
PHYSICAL ADDRESS					CITY			STATE			ZIP CODE	□OWN □RENT
MAILING ADDRESS					CITY			STATE			ZIP CODE	
CO-APPLICANT	LAST NAME			IRST NAME			MIDDLE INITIAL		ACCT NO.			
E-MAIL ADDRESS				_	-			WORK PHONE				

SOURCE OF INCOME

Alimony, child support, or public assistance Income need not be revealed if you do not want it considered for this loan application.

Touri application.	
Applicant Gross Monthly Salary	\$
Co-Applicant Gross Monthly Salary	
Bonus and Commissions	
Net Monthly Real Estate Income	
Dividends	
Other Income (Please Itemize)	
TOTAL INCOME	\$

PERSONAL FINANCIAL SUMMARY

(Complete worksheet on back FIRST, then transfer total amounts to this summary)

ASSETS	CURRENT VALUES (omit cents)
Cash in MVFCU Account(s)	\$
Cash in other Financial Institutions	
Other Cash on hand	
Ret. Accts./Sec./Stocks/ Bonds (worksheet box 1)	
Mortgages/Contracts Owned (worksheet box 2)	
Real Estate Owned (worksheet box 3)	
Insurance Cash Value (worksheet box 5a)	
Accounts and Notes Receivable	
Automobiles Year Model	
1.	
2.	
3.	
Personal Property (estimated value)	
Other Assets	
1.	
2.	
TOTAL ASSETS	\$

PERSONAL INFORMATION: APPLICANT

CURRENT EMPLOYER		NUMBER OF YEARS
CURRENT OCCUPATION		NO. OF DEPENDENTS
SOC. SEC. NUMBER	DATE C BIRTH	DF .
PREVIOUS ADDRESS	·	NUMBER OF YEARS
FORMER EMPLOYER	OCCUPATION	NUMBER OF YEARS

PERSONAL INFORMATION: CO-APPLICANT

CURRENT EMPLOYER		NUMBER OF YEARS
CURRENT OCCUPATION		NO. OF DEPENDENTS
SOC. SEC. NUMBER	DATE OF BIRTH	
PREVIOUS ADDRESS		NUMBER OF YEARS
FORMER EMPLOYER	OCCUPATION	NUMBER OF YEARS

LIABILITIES	MONTHLY PAYMENTS	BALANCES (omit cents)
Notes Payable to MVFCU	\$	\$
Notes Payable to other banks		
Notes Payable to relatives		
Notes payable to others		
Rent (if applicable)		
Real Estate Owed (worksheet boxes 4)		
Life Ins. Loans (worksheet box 5b)		
Credit Card Debt (worksheet box 6)		
Other Misc. Debt (worksheet box 7)		
Accounts and Bills Payable		
Taxes Payable/Accrued Taxes		
TOTAL MONTHLY PAYMENTS	\$	\$
TOTAL LIABILITIES (Total	Owing) \$	•
NET WORTH (Total Assets-Total Lial	bilities) \$	
TOTAL LIABILITIES + NET V	VORTH \$	



Date	Applicant Signature
the foregoing and including supplen undersigned agre such notice, or of hereby expressly original statemen named in this appapproved. CAUTI	SIGNING If procuring and maintaining credit, in any form whatsoever, with MVFCU from time to time, the undersigned submits of following statement and information contained on both pages of this statement both written and printed and mental statements as being a full, true and correct statement of my financial condition on the date stated. The less to notify MVFCU in writing of any materially unfavorable change in my financial condition, and in the absence of a new and full written statement, this may be considered as a continuing statement and substantially correct; and it is agreed that upon application for further credit, this statement shall have the same force and effect as if delivered as an at of my financial condition at the time such further credit is requested. Verification may be obtained from any source oblication and from any credit reporting agency. I understand that MVFCU will keep this application whether or not it is ON: It is a federal crime to give false information or forge a document to induce a federal credit union to grant a loan of the U.S. Code).
If the answer to	o questions 3 - 6 are Yes, please provide details on a separate sheet.
6. ☐ Yes ☐ No	Are you a defendant in any suit or legal action?
5. ☐ Yes ☐ No	Is there any unsatisfied judgment against you or tax liens against your property?
4. ☐ Yes ☐ No	Have you ever been adjudicated bankrupt?
3. □ Yes □ No	Are you a cosigner or guarantor for another?
2. ☐ Yes ☐ No	Are you relying on your Co-Applicant's income for this application?
1. □ Yes □ No	Are you relying on Property located in a Community Property State for this application?

Co-Applicant Signature



Date



ASSETS AND LIABILITIES WORKSHEET

Fill in the worksheet as completely as possible. The TOTAL blocks that will be transferred to the front are numbered and referenced on the front for your convenience. If you have any questions, please don't hesitate to call 907-745-4891 or 694-4891, Monday through Friday between 10:00 a.m. and 6:00 p.m. You may also wish to visit the MVFCU commercial website at www.mvfcu.com for more information.

SCHEDULE A: RETIREMENT ACCOUNTS, SECURITIES, STOCKS AND BONDS OWNED

NO. OF SHARES	DESCRIPTION OF SECURITIES, STOCKS AND BONDS,	REGISTERED IN	MARKET	TOTAL			
OR PAR VALUE	BOTH LISTED AND UNLISTED	THE NAME OF	PRICE	MARKET VALUE			
			\$	\$			
	TOTAL RETIREMENT ACCOUNTS, SECURITIES, STOCKS AND BONDS OWNED 1 \$						

SCHEDULE B: MORTGAGES OR CONTRACTS OWNED

(Mortgages/Contracts that you receive payments on)

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DESCRIPTION OF PROPERTY	NAME OF DEBTOR	MONTHLY PAYMENTS	AMOUNT PAST DUE	ORIGINAL BALANCE	PRESENT BALANCE	
		\$	\$	\$	\$	
TOTAL MORTGAGES OR CONTRACTS OWNED 2 c						

SCHEDULE C: REAL ESTATE OWNED/OWED

Unlace athornica nated titles stand	lin name e	.f.				
Unless otherwise noted, titles stand	i iii iiaiiie C	11:				
DESCRIPTION OF PROPERTY/ IMPROVEMENTS	YEAR	MONTHLY RENTAL	LAND AND	TO WHOM INDEBTED	MONTHLY	CURRENT
(PHYSICAL ADDRESS/LEGAL DESCRIPTION)	ACQUIRED	INCOME (IF ANY)	BUILDINGS VALUE	(IF APPLICABLE)	PAYMENT	BALANCE
		\$	\$		\$	\$
TOTAL	REAL ES	TATE OWNED	³ \$	TOTAL R. E. OWED	^{4a} \$	^{4b} \$

SCHEDULE D: LIFE INSURANCE CARRIED

NAME OF INSURANCE COMPANY	POLICY AMOUNT	NAME OF BENEFICIARY	CASH SURRENDER VALUE	LOANS AGAINS POLICY
			\$	\$
	Т	OTAL LIFE INSURANCE CARRIED	^{5a} \$	^{5b} \$

SCHEDULE E: CREDIT CARD DEBT

NAME AND CITY/STATE OF CREDIT CARD COMPANY	CREDIT CARD COMPANY PHONE NUMBER	CREDIT LIMIT	CURRENT VALUE	MINIMUM MONTHLY PAYMENT
		\$	\$	\$
	TOTAL CREDIT CARD DEBT	\$	⁶ \$	\$

SCHEDULE F: OTHER MISCELLANEOUS DEBT OR OTHER CREDIT REFERENCES

NAME AND CITY/STATE OF CREDIT ISSUER	COMPANY/LENDER PHONE NUMBER	CREDIT LIMIT	CURRENT VALUE	MINIMUM MONTHLY PAYMENT
		\$	\$	\$
TOTAL OTHER MISCELLANEOUS DEBT		\$	⁷ \$	\$

