



FINANCIAL APPLICATION

AMOUNT REQUESTED		REPAY NO. OF MONTHS	PURPOSE OF LOAN			WORK PHONE
APPLICANT		LAST NAME	FIRST NAME	MIDDLE INITIAL	ACCT NO.	
E-MAIL ADDRESS		CELL PHONE	HOME PHONE		WORK PHONE	
PHYSICAL ADDRESS			CITY	STATE	ZIP CODE	<input type="checkbox"/> DOWN <input type="checkbox"/> RENT
MAILING ADDRESS			CITY	STATE	ZIP CODE	
CO-APPLICANT		LAST NAME	FIRST NAME	MIDDLE INITIAL	ACCT NO.	
E-MAIL ADDRESS		CELL PHONE	HOME PHONE		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.

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 INFORMATION: 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

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

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	\$

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 Liabilities)	\$	
TOTAL LIABILITIES + NET WORTH	\$	





FINANCIAL APPLICATION

- 1. Yes No Are you relying on Property located in a Community Property State for this application?
- 2. Yes No Are you relying on your Co-Applicant's income for this application?
- 3. Yes No Are you a cosigner or guarantor for another?
- 4. Yes No Have you ever been adjudicated bankrupt?
- 5. Yes No Is there any unsatisfied judgment against you or tax liens against your property?
- 6. Yes No Are you a defendant in any suit or legal action?

If the answer to questions 3 - 6 are Yes, please provide details on a separate sheet.

READ BEFORE SIGNING

For the purpose of procuring and maintaining credit, in any form whatsoever, with MVFCU from time to time, the undersigned submits the foregoing and following statement and information contained on both pages of this statement both written and printed and including supplemental statements as being a full, true and correct statement of my financial condition on the date stated. The undersigned agrees to notify MVFCU in writing of any materially unfavorable change in my financial condition, and in the absence of such notice, or of a new and full written statement, this may be considered as a continuing statement and substantially correct; and it is hereby expressly agreed that upon application for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time such further credit is requested. Verification may be obtained from any source named in this application and from any credit reporting agency. I understand that MVFCU will keep this application whether or not it is approved. CAUTION: It is a federal crime to give false information or forge a document to induce a federal credit union to grant a loan (title 18 Sec. 1014 of the U.S. Code).

_____ Date Applicant Signature

_____ Date Co-Applicant Signature





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 8:00 a.m. and 5:00 p.m.

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

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

SCHEDULE B: MORTGAGES OR CONTRACTS OWNED

(Mortgages/Contracts that you receive payments on)

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

SCHEDULE C: REAL ESTATE OWNED/OWED

Unless otherwise noted, titles stand in name of:

DESCRIPTION OF PROPERTY/IMPROVEMENTS (PHYSICAL ADDRESS/LEGAL DESCRIPTION)	YEAR ACQUIRED	MONTHLY RENTAL INCOME (IF ANY)	LAND AND BUILDINGS VALUE	TO WHOM INDEBTED (IF APPLICABLE)	MONTHLY PAYMENT	CURRENT BALANCE
		\$	\$		\$	\$
TOTAL REAL ESTATE 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 AGAINST POLICY
			\$	\$
TOTAL 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 \$	\$

