



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	\$	





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 \$	\$





Questionnaire for Recreational Cabin or Land with Structure

Property Address: [Three blank lines for address input]

Exterior Siding Complete: [] Yes [] No

Foundation: [] Full Masonry Block [] Poured Concrete [] Treated Wood [] Piling [] Sonotubes
[] Other [Blank line]

Structure attached to the land and foundation: [] Yes [] No

Heat Source: [] Wood Stove [] Toyo Stove [] Other [Blank line]

Property Access: [] Public Access [] Private Access [] Fly in [] Boat [] 4-Wheeler
[] Other [Blank line]

Improvements: [] Well [] Septic [] Utilities [Blank line]

Other Outbuildings: Yes [] No [] Specify: [Blank line]

Please describe the property and any unique features it may have:

[Two blank lines for property description]

Additional Information:

[Two blank lines for additional information]

907-745-9165 / Fax 907-745-9168

