

PERSONAL FINANCIAL STATEMENT AS OF_____

		PEI	RSONAL II	NFORMATION				
APPLICANT (NAME):				CO-APPLICANT (NA	AME):			
Employer:				Employer:				
Address of Employer:				Address of Employer:				
Business Phone Number:	No. of Years with Employer:	Title/Positio	on:	Business Phone Number:		No. of Years with Employer:	Title/Pos	ition:
Name of previous employer & p less than 3 yrs)	osition (if with current e	employer	No. of Yrs.	Name of previous employ less than 3 yrs)	er & posi	ition (if with current	employer	No. of Yrs.
Home Address:				Home Address:				
Home Phone Number:	Social Security No.:	Date of I	Birth:	Home Phone Number:	Social	Security No.:	Date of E	Birth:
Cell Phone Number:	Fax Number			Cell Phone Number:		Fax Numb	er:	
Name & Phone Number of your	Accountant:			Name & Phone Number o	of your Ac	countant:		
Name & Phone Number of your Attorney:			Name & Phone Number of your Attorney:					
Name & Phone Number of your	Insurance Advisor:			Name & Phone Number o	of your In	surance Advisor:		

Cash Income & Expenditures Statement For Year Ended _____ (omit cents in form below):

ANNUAL INCOME	AMOUNT (\$)	ANNUAL EXPENDITURES	AMOUNT (\$)
Salary (applicant)	\$	Federal Income and Other Taxes	\$
Salary (co-applicant)	\$	State Income and Other Taxes	\$
Bonuses & Commissions (applicant)	\$	Rental Payments, Co-op or Condo Maintenance	\$
Bonuses & Commissions (co-applicant)	\$	Mortgage Payments - Residential Property	\$
Rental Income	\$	Mortgage Payments – Investment Property	\$
Interest Income	\$	Property Taxes – Residential Property	\$
Dividend Income	\$	Property Taxes – Investment Property	\$
Capital Gains	\$	Interest & Principal Payments on Loans	\$
Partnership Income	\$	Insurance	\$
Other Investment Income	\$	Investments (including tax shelters)	\$
Other Income (List) **	\$	Alimony/Child Support **	\$
	\$	Tuition	\$
	\$	Other Living Expenses	\$
	\$	Medical Expenses	\$
	\$	Other Expenses (List)	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Income:	\$	Total Expenditures:	\$

Any significant changes expected in the next 12 months? ____ Yes ____ No (if yes, attach information)

** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Balance Sheet as of _____

ASSETS	AMT. (\$)	LIABILITIES	AMT. (\$)
Cash in this Bank (including money market accts. & CD's)	\$	Notes Payable to this Bank	\$
Cash in other Fin. Inst. (list below) (list same as above)	\$	Secured	\$
	\$	Unsecured	\$
	\$	Notes Payable to Others (from Schedule E)	\$
	\$	Secured	\$
	\$	Unsecured	\$
Readily Marketable Securities (from Schedule A)	\$	Accounts Payable	\$
Non-Readily Marketable Securities (from Schedule A)	\$	Credit Cards	\$
Accounts and Notes Receivable	\$	Margin Accounts	\$
Net Cash Surrender Value of Life Ins. (from Schedule B)	\$	Notes Due: Partnership (from Schedule D)	\$
Residential Real Estate (from Schedule C)	\$	Taxes Payable	\$
Real Estate Investments (from Schedule C)	\$	Mortgage Debt (from Schedule C)	\$
Partnerships/PC Interests (from Schedule D)	\$	Life Insurance Loans (from Schedule B)	\$
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts.	\$	Other Liabilities (list below)	\$
Deferred Income (number of years deferred)	\$		\$
Personal Property (including automobiles - list)	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Other Assets (list)	\$		\$
·	\$		\$
	\$		\$
	\$		\$
	\$	TOTAL LIABILITIES	\$
TOTAL ASSETS	\$	NET WORTH	\$

CONTINGENT LIABILITIES	YES	NO	AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?			\$
Do you have any outstanding letters of credit or surety bonds?			\$
Are there any suits or legal actions pending against you?			\$
Are you contingently liable on any lease or contract?			\$
Are any of your tax obligations past due?			\$
What would be you total estimated tax liability if you were to sell you major assets?			\$
If yes for any of the above, give details:			

Schedule A – A	Il Securities (including non-mo	ney market mutual fi	unds) (be sure to p	ost totals to pro	per line on Bala	nce She	et) **
No Shares Stock or Face		0.000		600T	CURRENT	PLEI	DGED
Value Bonds	DESCRIPTION	OWNERS	WHERE HELD	COST	MARKET VALUE	VEC	NO
	KETABLE SECURITIES (including	U.S. Governments and N			VALUE	YES	NO
READIL I MARK	TETABLE SECONTTIES (including	U.S. Governments and N	(unicipanties)			т	
				\$	\$		
				\$	\$		
				\$	\$		
				\$	\$		
				\$	\$		
				\$	\$		
NON-READILY	MARKETABLE SECURITIES (clos	sely held, thinly traded, o	r restricted stock)				
	· · · ·			\$	\$		
				\$	\$		

** If not enough space, attach a separate schedule or brokerage statement and enter totals only.

SCHEDULE B – INSURANCE (Life Insurance – use additional sheet if necessary) (be sure to post totals to proper line on Balance Sheet)									
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership			

SCHEDULE C – PERS	SONAL RESIDEN	CES MOF	RTGAGE	DEBT (be s	ure to post to	tals to pr	oper line on	Balance Sheet)	
		Purc	Purchase		Present	Int.	Maturity	Monthly	Lender
Property Address	Legal Owner	Year	Price	Value	Ln. Bal.	Rate	Date	Payment	
SCHEDULE C – INVE	L ESTMENT PROPE	RTY MO	RTGAGI	E DEBT (be	sure to post t	otals to p	roper line on	Balance Sheet	t)
Investment Property		Purc	hase	Market	Present	Int.	Maturity	Monthly	Lender
Address	Legal Owner	Year	Price	Value	Ln. Bal.	Rate	Date	Payment	

SCHEDULE D – PARTNERSHIPS (less than majority ownership for real estate partnerships)*									
(be sure to post totals to proper line on Balance Sheet)									
TYPE OF INVESTMENT	DATE OF INITIAL INVESTMENT	COST	PERCENT OWNED	CURRENT MARKET VALUE	BALANCE DUE ON PARTNERSHIP NOTES, CASH CALLS	FINAL CONTRIBUTION DATE			
Business/Professional (indicate name)									
Investments (including Tax Shelters)									

* Note for investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K'-1s.

SCHEDULE E – NOTI	ES PAYABLE							
	TYPE OF	AMOUNT	SECU	RED		INT.		UNPAID
DUE TO	FACILITY	OF LOAN	YES	NO	COLLATERAL	RATE	MATURITY	BALANCE

Representations and Warranties:

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 a guarantee thereof. Each of the undersigned represents warrants and certifies 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. 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 contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorizes any person or consumer reporting agency to give you any information it may have on the undersigned. 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 gives to you shall be your property.

The undersigned certifies that the information provided on and with this form, including financial statements, is complete and correct and that we are authorized to execute this form on behalf of the Applicant. Applicant authorizes Pawtucket Credit Union ('the Credit Union') to obtain credit reports and to release credit information to others (please see our privacy statement) regarding Applicant from time to time. Applicant also authorizes the Credit Union to obtain copies of its tax returns and information from the IRS and other taxing authorities and agrees to execute whatever forms the Bank requests to obtain such information.

I/We understand that any willful misrepresentations of information provided in my/our Applicant statement could result in fine and/or imprisonment under the provisions of the U.S. Criminal Code.

Date:

Applicant's Signature

Date:

Co-Applicant's Signature (*If you are requesting the financial accommodation jointly.*)