



Member #	
Loan #	Date:

BORROWER		CO-BORROWER	
Name:		Name:	
Home #	Cell #	Home #	Cell #
Work #	Email	Work #	Email
Physical Address:		Physical Address:	
Mailing Address:		Mailing Address:	
Employer Name:		Employer Name:	
Occupation:		Occupation:	
Income: \$	Frequency:	Income: \$	Frequency:
Other Income :	\$	Other Income	\$
	\$		\$
	\$		\$
<b>TOTAL MONTHLY</b>	<b>\$</b>	<b>TOTAL MONTHLY</b>	<b>\$</b>
Borrower's Assets		Co-Borrower's Assets	
Savings Account		Savings Account	
Checking Account		Checking Account	
Retirement		Retirement	
Stocks		Stocks	
Equity in Real Estate		Equity in Real Estate	
Equity in Auto/RV		Equity in Auto/RV	
Other:		Other:	
Total Number Living at this address :			
Total Number of dependents :			

Buying <input type="checkbox"/>	Renting <input type="checkbox"/>	Other:
Is this home up for sale?		Agent's Name:
Listing Price \$		Agent's Phone #

Have you contacted a Credit Counseling Service?	If yes, Name of Service	Phone #
Have you contacted legal counsel concerning filing bankruptcy?	If yes, Name of attorney	Phone #

MONTHLY HOUSEHOLD EXPENSES (Please combine Borrower & Co-Borrower expenses below)			
Housing Payment	\$	Electric	\$
2 <sup>nd</sup> Mortgage	\$	Natural Gas	\$
Auto Loan #1	\$	Home Phone	\$
Auto Loan #2	\$	Cell Phone	\$
RV Loan	\$	Water	\$
Credit Cards (please list individually)	\$	Garbage	\$
	\$	Internet/Cable	\$
	\$	Transportation (Gas, Bus Fair, Etc)	\$
	\$	Food	\$
	\$	School Lunches	\$
	\$	Pet Supplies	\$
	\$	Entertainment	\$
	\$	Clothing	\$
Child Support/Alimony	\$	Medical/Dentist Bill	\$
Child Care	\$	Other (please list)	\$
Tuition	\$		\$
Life Insurance	\$		\$
Health Insurance	\$		\$
Auto Insurance	\$		\$
Home Owners Insurance	\$	<b>TOTAL EXPENSES</b>	\$
Property Taxes	\$	<b>TOTAL ALL INCOME</b>	\$
		<b>Surplus/Deficit</b>	\$

I (we) agree that the financial information provided is an accurate statement of my (our) financial status. I (we) understand and acknowledge that any action taken by St Helens Community Federal Credit Union on my (our) behalf will be made in strict reliance on the financial information provided. My (our) signature(s) below grants the Credit Union the authority to confirm the information that I (we ) have disclosed in this financial statement, to verify that it is accurate by ordering a credit report, and to contact my real estate agent/credit counseling service representative.

<b>Signature X</b>	Date:
<b>Signature X</b>	Date:

Please attached this **signed** form with your most recent pay stubs and bank statements (saving and checking). If you are self employed the most recent copy of your Federal Tax Returns (with all schedules)