

# Commercial Loan Personal Financial Statement Form Checklist

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Please use the Commercial Loan Personal Financial Statement Form when applying for a DCU business loan and when at least one of the following is true:

- The loan request is over \$100,000,
- The company has two or more loans and/or requests with DCU that total over \$100,000,
- The *QuickApp* is not appropriate for your request,
- The DCU loan officer asks you to submit a Personal Financial Statement.

Each principal who owns 20% or more of the business or property to be financed must fill out the Personal Financial Statement form.

**To speed processing of your request, please fill out the form completely and sign it. Incomplete or unsigned forms will delay processing your request.**



BANKING – THE DCU WAY  
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**Commercial Loan Personal Financial  
 Statement Form Checklist**

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- The QuickApp is not appropriate for your request,
- The DCU loan officer asks you to submit a Personal Financial Statement

Each principal who owns 20% or more of the business or property to be financed must fill out the Personal Financial Statement Form.

To speed processing of your request, please fill out the form completely and sign it. Incomplete or unsigned forms will delay processing your request.

**PLEASE RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS**  
**IMPORTANT: Directions to the Applicant and Co-Applicant**  
**(Applicant and/or Co-Applicant may be Guarantor(s) of loans to other parties)**

<input type="checkbox"/>	Individual Credit-If relying on your own income and assets and not the income and assets of a spouse or another person as a basis for extension of credit or repayment of credit, complete the Financial Statement below only as it applies to you individually. Do not provide any information about a spouse or other person. Sign the Financial Statement.
<input type="checkbox"/>	Joint Credit-If applying for joint credit or for individual credit relying on your own income and/or assets of a spouse or another person as a basis for extension of or repayment of credit, complete the Financial Statement below. Include information about income, assets and liabilities of both parties. Both Applicant and Spouse or Co-Applicant must sign this statement.

**White Boxes to be Completed**

Applicant's Name:		Co-Applicant's Name:	
Street Address		Street Address	
City of Residence:	State:	City of Residence:	State:
Home Phone:		Home Phone:	
Business Phone:		Business Phone:	
Employer		Employer	
Position or Profession		Position or Profession	
Number of Years Here		Number of Years Here	
DCU Member Number (if any)		DCU Member Number (if any)	
Income taxes settled through (Date)		Income taxes settled through (Date)	

**Schedule A: Deposit Accounts**

List all your deposits at Credit Unions, Banks, Brokers and other Financial Institutions.

Name of Institution	Name(s) on Account	Checking Balance	Savings and CD Balances	Total
<b>TOTALS</b>				

**Schedule B: Marketable Securities, U.S. Governments, Stocks (Listed & Unlisted), Bonds (Government and Commercial)**

Shares or face value (Bonds)	Company, Mutual Fund or Type of Bond	In name of	Market Value	Pledged?
<b>TOTAL</b>				

**Schedule C1: RESIDENTIAL Real Estate Owned with 1st Mortgages.**

Address	RE Type	Title In Name Of	Year Acquired	Cost plus Improve	Present Market Value	1st Mortgage		
						Balance	Mo. Pymt	Lender
<b>TOTAL</b>								

**Schedule C2: INVESTMENT Real Estate Owned with 1st Mortgages.**

Address	RE Type	Units	Title in Name Of	Year Acquired	Cost plus Improve	Present Market Value	1st Mortgage		
							Balance	Mo. Pymt	Lender
<b>TOTAL</b>									

**Schedule D: Other Loans (Auto Loans, Home Equity Loans and 2nd or 3rd Mortgages, Lines of Credit, etc.)**

Name of Institution	Name(s) on Account	Type	High Credit	Current Balance	Monthly Payment	Secured by What Assets
<b>TOTAL</b>						

**Schedule E: Owned Businesses and Partnerships**

Name	% Ownership	Type of Business	Year Acquired	Present Mkt. Value	Present Loan Balance	Your Equity Value	Bank
<b>TOTAL</b>							

**Schedule F: Life Insurance Carried**

Name of Company	Face Amount	Term or Whole Life	Cash Surrender Value	Loans	Beneficiary
<b>TOTAL</b>					

**Schedule G: Retirement Accounts**

List all your Retirement Accounts.

Name of Institution	Type IRA, 401(k), etc.	Name on Account	Balance
<b>TOTAL</b>			

**This Personal Financial Statement is effective as of the date signed on Page 4 of this form.**

<b>Assets</b>	<b>In Even Dollars</b>	<b>Joint/Individual</b>	<b>Liabilities</b>	<b>In Even Dollars</b>	<b>Joint/Individual</b>
Cash in DCU			Installment Loans (information from Schedule D)		
Deposit Account in other Financial Institutions (Information from Schedule A)			Credit Cards and Accounts Payable		
Marketable Securities (information from Schedule B)			Unpaid Taxes		
Accounts and Notes Receivable			Residence Mortgage(s) (information from Schedule C1)		
Residence(s) (information from Schedule C1)			Investment Mortgage(s) (information from Schedule C2)		
Investment Real Estate (information from Schedule C2)			Owned Businesses and Partnership Loans - information		
Cash Value Life Insurance - information from Schedule F			Other Liabilities:		
Retirement Accounts			Other Liabilities:		
Personal Property and Autos			Other Liabilities:		
Business and Partnership Values (information from Schedule E)			Other Liabilities:		
Other Assets:			Other Liabilities:		
Other Assets:			Total Liabilities		
Other Assets:			Net Worth		
Total Assets			Total Liabilities and Net Worth		

**Sources of Income**

<b>Applicant</b>	<b>In Even Dollars</b>	<b>Co-Applicant</b>	<b>In Even Dollars</b>
Salary from Applicant's Business		Salary from Co-Applicant's Business	
Income from Outside Wages		Income from Outside Wages	
Bonus and Commissions		Bonus and Commissions	
Dividends		Dividends	
Real Estate Income		Real Estate Income	
*Other Income:		*Other Income	
TOTAL		TOTAL	

\*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit.  
If disclosed, choose the source of income:  Alimony  Child Support  Separate Maintenance

**Contingent Liabilities \* (If answer is yes, attach explanation)**

<b>Applicant</b>	<b>Amount</b>	<b>Co-Applicant</b>	<b>Amount</b>
As endorser, co-maker or guarantor on any loans or leases? *		As endorser, co-maker or guarantor on any loans or leases? *	
Any legal claims outstanding? *		Any legal claims outstanding? *	
Past due taxes? *		Past due taxes? *	
Other special debt? *		Other special debt? *	
Are you a defendant in any suits or legal action?*		Are you a defendant in any suits or legal action? *	
Have you ever filed for bankruptcy? *		Have you ever filed for bankruptcy? *	
Do you have a will or trust?		Do you have a will or trust?	
Number of Dependents		Number of Dependents	

Name of Attorney:		City:		State:		Phone:	
Name of Accountant:		City:		State:		Phone:	

I/we have carefully read and submitted the foregoing information provided on all four pages of this statement to the Digital Federal Credit Union. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Credit Union. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify said Credit Union of said change(s) and unless said Credit Union is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize Digital Federal Credit Union to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to Digital Federal Credit Union any information that it may have to obtain in response to such credit inquiries.

**I/we also hereby certify that I/we do not have any delinquent payments over 30 days past due or in default except as follows, if "NONE" so state.**

Name of Institution	Loan Balance	Monthly Payment	Amount Past Due	Past Due How Long?	Reason

Please read the information below and sign at the bottom of this page.

**DISCLOSURES AND SIGNATURES**

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Digital Federal Credit Union, Commercial Lending Department, 220 Donald Lynch Boulevard, PO Box 9130, Marlborough, MA 01752, 800.328.8797 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract) because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is National Credit Union Administration, 9 Washington Square, Washington Avenue Extension, Albany, NY 12205, 518.862.7400.

You have the right to a copy of the appraisal report used in connection with your application for credit. If you wish to obtain a copy please write to us at the mailing address we have provided. We must receive your request within 90 days from the date the decision was made on your credit application or from the date of which your loan was withdrawn. (In your letter, give us the following information: Name of Applicant, Address of Applicant, Address of Property appraised).

1. Is your loan request for the purchase of, or improvements to, or a refinance of a residential property (by definition, residential property is 50% or more of the rental income from the residential units)?:  Yes  No
2. The Borrower will be a (circle one of the following):  Individual  Partnership  Limited Liability Company (LLC)  Corporation  Trust

If the answer to **Question 1 is Yes** and the answer to **Question 2 is Individual or Partnership**, please read and complete the information below. Otherwise, skip to the bottom of the page for your signatures.

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information nor on whether You choose to furnish it. If You furnish the information please provide both ethnicity and race. For race, You may check more than one designation. If You do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If You do not wish to furnish the information, please check the box below.

<b>APPLICANT:</b> <input type="checkbox"/> I do not wish to furnish this information Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian Race or National Origin: <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>CO-APPLICANT:</b> <input type="checkbox"/> I do not wish to furnish this information Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White <input type="checkbox"/> Asian Race or National Origin: <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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**I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.**

Applicant's Signature	Date Signed	Social Security No.	Date of Birth
Co-Applicant's Signature	Date Signed	Social Security No.	Date of Birth