



BORROWER WORKABLE SOLUTIONS PERSONAL FINANCIAL STATEMENT

FAX COVER SHEET

Sender's Information		Receiver's Information	
Name:		Attention:	
Telephone:		Fax: 702.697.8096	
Number of Pages:			
Member Loan No.:			

Required Information (if applicable)

- Signed and Dated Financial Worksheets (see attached four pages)
- 2 Most Recent Paystubs for all borrowers
- 2 years most current IRS Form W2 for all borrowers
- 2 months most current bank statements for non-Silver State Schools Credit Union accounts
- Self-Employed Borrowers - Most recent 2 years of signed tax returns including Schedule C
- Self-Employed Borrowers - Most recent signed Profit & Loss Statement
- Current Disability, Retirement, Unemployment or Social Security Income (Award Letter)
- Current Rental Agreement(s) for any Rental Income
- Proof of Spousal and/or Child Support Income
- Proof of Extraordinary Expenses that caused inability to make normal payments
- Mortgage Loans Only: Current Mortgage Statement for all loans on any owned residential real estate properties
- Mortgage Loans Only: Current Homeowner's Insurance Policy Declarations Document of any owned residential real estate properties



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SSSCU Loan Number:

Part A - Borrower Information (please print clearly)

Borrower Name		Social Security Number		Co-Borrower Name		Social Security Number	
Borrower Phone Numbers				Co-Borrower Phone Numbers			
Daytime: _____				Daytime: _____			
Evening: _____				Evening: _____			
Cell: _____				Cell: _____			
Property Address		Length of Residence _____		Mailing Address (if applicable)			
Street _____		_____		Street _____			
City _____		_____		City _____			
State _____		Zip _____		State _____ Zip _____			
Email Address				Email Address			
Employer (current)		Position		Employer (current)		Position	
Years on the Job		Employer Phone		Years on the Job		Employer Phone	
If in current job for less than 2 years, enter your previous employer information below:							
Employer (previous)		Position		Employer (previous)		Position	
Years on the Job		Employer Phone		Years on the Job		Employer Phone	

Part B - Monthly Household Income

DESCRIPTION (MONTHLY)	
Household Monthly Gross Income	
Other Income	
Other Additional Income (i.e., SSI, Rental, 2nd Job, Child Support)	
Total Net Monthly Income	

Part C - Personal Assets

	Institution	Balance
Name of depository where your paychecks(s) are deposited		\$
Depository where you have checking or savings accounts		\$
Name of institution where retirement account is held		\$
Name of institution where investment account is held		\$
Value of your primary residence:		
Value of other Real Estate assets held:		



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Part D - MONTHLY EXPENSES (Attach a separate sheet of paper with the information if required)

DESCRIPTION (MONTHLY)	Monthly Payment	Balance Due	# Months Delinquent
1. Primary Home Mortgage	\$	\$	
2. Taxes on Primary Home (if not included in #1)	\$	\$	
3. Insurance on Primary Home (if not included in #1)	\$	\$	
4. Rent Payment (if owner not occupying subject property)	\$	\$	
5. Maintenance/Homeowners Association Fees	\$	\$	
6. Other Mortgages	\$	\$	
7. Automobile Loans	\$	\$	
8. Other Loans	\$	\$	
9. Credit Cards (minimum payment)	\$	\$	
10. Alimony/Child Support	\$	\$	
11. Child/Dependant Care	\$	\$	
12. Utilities (water, electricity, gas, cable, etc.)	\$	\$	
13. Telephone (landline and cell phone)	\$	\$	
14. Insurance (automobile, health, life)	\$	\$	
15. Medical Expenses (uninsured)	\$	\$	
16. Car Expenses (gas, maintenance, parking)	\$	\$	
17. Groceries and Toiletries	\$	\$	
18. Other Monthly Expense (explain)	\$	\$	
19. Other Monthly Expense (explain)	\$	\$	
20. Other Monthly Expense (explain)	\$	\$	
TOTAL	\$	\$	

Part E - General Questions (if applicable)

Please Try to complete as many of the questions as possible. Additional information may be necessary and SSSCU will need to speak with you during the assistance process.

1. Do you drive this vehicle as your Primary Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. How many people live in the household including ages?			
3. Do you own any other vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No How many? _____ If Yes, please complete the following items:			
Lender Name	Monthly Payments	Principal Balance	Joint With?
	\$	\$	
	\$	\$	
	\$	\$	
5. What is the amount of funds you immediately have available to apply toward your delinquent account? \$ _____			
6. In addition to the amount stated above, what amount will you have available in 30 days? \$ _____			
7. Have you sought assistance regarding your loan obligations with other lenders? <input type="checkbox"/> Yes <input type="checkbox"/> No			



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Part E - General Questions (continued)

Please try to complete as many of the questions as possible. Additional information may be necessary and SSSCU will need to speak with you during the assistance process.

Under penalty of perjury fully explain the reason why you are behind on your loan payment(s) or are in imminent danger of default. (If needed, attach a separate sheet of paper for explanation.)

What is your proposal for restructuring your loan obligations(s) with Silver State Schools Credit Union? (If needed, attach a separate sheet for explanation.)

Borrower Signature

Date

Co-Borrower Signature

Date



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Authorization to Release Form Information

IN ADDITION TO THIS FINANCIAL STATEMENT AND ITS ATTACHMENTS, THERE MAY BE TIMES WHEN ADDITIONAL INFORMATION IS NEEDED TO REVIEW THIS SITUATION THOROUGHLY, SUCH AS:

1. ORDERING CREDIT REPORTS
2. VERIFYING BANK ACCOUNTS IN THIS DISCLOSURE
3. OBTAINING ANY OTHER INFORMATION NECESSARY TO PROPERLY ANALYZE THIS REQUEST

I ACKNOWLEDGE THAT EVERYTHING I HAVE STARTED IN THIS DISCLOSURE IS TRUE AND FACTUAL TO THE BEST OF MY ABILITY. I ALSO AGREE THAT IF IT IS DETERMINED THAT I HAVE PROVIDED INFORMATION THAT IS MISREPRESENTED AND THEREBY CAUSED ACTIONS TO BE TAKEN WHICH WOULD NOT HAVE BEEN TAKEN HAD THE TRUE FACTS BEEN KNOWN I SHALL BE LIABLE FOR ANY AND ALL LOSSES SUFFERED BY THE LENDER OF MY LOAN.

Borrower Signature

Date

Co-Borrower Signature

Date

AUTHORIZATION TO RELEASE INFORMATION TO A THIRD PARTY INDIVIDUAL

I/WE HEREBY AUTHORIZE YOU TO RELEASE TO _____
ANY AND ALL INFORMATION THEY MAY REQUIRE FOR THE PURPOSE OF A HARDSHIP REVIEW.

THANK YOU.

Borrower Signature

Social Security Number

Date

Co-Borrower Signature

Social Security Number

Date



NOTICE

FINANCIAL ASSISTANCE AND YOUR CREDIT UNION LOAN OBLIGATION

Silver State Schools Credit Union makes extraordinary efforts to assist our members who are suffering from temporary or permanent financial hardship with regard to any loan obligation(s) with the credit union.

To that end the credit union needs members to understand that when assistance is granted, with regard to a member's loan obligation(s), that the credit union expects any changes to the original terms of a loan obligation(s) will be strictly adhered to going forward. This means that all payments are expected to be made in advance or by the due date set. The fact that a loan agreement allows for a grace-period, before assessing a late-charge, is not relevant as it relates to making payments by the contractual due date on a credit union loan obligation; and that all payments must be made in advance or by the due date set.

Failure to make timely-payments on your loan obligation(s) with the credit union, as outlined above, *will result in accelerated collection activity on your loan obligation(s) to include recovery of any loan collateral.*

I have read and understand the above disclosure as it relates to my/our loan obligation(s) with Silver State Schools Credit Union and my/our receipt of financial assistance.

Signature

Signature

Printed Name

Printed Name

Date

Date