



PERSONAL FINANCIAL STATEMENT

Instructions for completing this form:

Start by completing Schedules 1 – 7 as applicable. Then, carry forward the individual schedule totals to the appropriate space(s) on the Statement of Financial Condition. Review the summary and complete information for items that do not have related schedules. Please make sure you include the financial condition date in the beginning paragraph as well as sign and date the form below the Statement of Financial Condition.

Name _____

For the purpose of obtaining credit from CoVantage Credit Union and any future credit granted by CoVantage Credit Union, or to support the extension of credit already given, I make the following statement to CoVantage Credit Union of my financial condition on _____, 20 _____. I represent that the statement is true and complete and authorize CoVantage Credit Union, or its agents, to verify the information obtained in this statement and obtain additional information concerning my financial condition and furnish the same to others. I understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the following information as applicable under provisions of Title 18, United States Code, Section 1014. I agree to notify CoVantage Credit Union, in writing, of any changes that materially affects the accuracy of this statement.

STATEMENT OF FINANCIAL CONDITION			
ASSETS	In Dollars	LIABILITIES	In Dollars
Cash (Schedule 1)		Notes Payable – Secured (Sch. 6)	
Government and Listed Securities (Sch. 2)		Notes Payable – Unsecured (Sch. 6)	
Unlisted Securities (Schedule 2)		Other Payables	
Notes & Loans Receivable (Schedule 3)		Life Insurance Loans (Schedule 5)	
Real Estate Owned (Schedule 4)		Accounts Payable	
Automobiles Unpaid		Income Taxes	
Other Personal Property (Schedule 7)		Mortgages Payable (Schedule 4)	
Cash Value Life Insurance (Schedule 5)		Real Estate Taxes Due	
Equity in Partnership(s)		Credit Card Balances	
Equity in Proprietorship(s)		Other Debts (Itemize)	
Vested Pension Benefits or Profit Sharing			
IRA or Other Retirement Account Balances			
Other Assets (Itemize)			
		TOTAL LIABILITIES	
		NET WORTH (Difference of Total Assets	
		less Total Liabilities)	
TOTAL ASSETS		TOTAL LIABILITIES & NET WORTH	

Signature _____

Date _____

Signature _____

Date _____

1. Schedule of Cash, Checking Accounts, Savings Accounts & Certificates of Deposit (carry total to Assets Line 1:Cash)				
Type	Name of Financial Institution	Balance	Owner	Pledged?

2. Schedule of U.S. Government, Listed and Unlisted Securities (carry total(s) to Assets Lines 2:Government and Listed Securities and/or 3:Unlisted Securities)				
No. Shares	Description	Owner	Market Value	Pledged?

3. Schedule of Notes Receivable (carry total to Assets line 4:Notes & Loans Receivables)		
Amount Owed to You	Name of Maker	Date Loan Made

4. Schedule of Real Estate Owned and Mortgages Payable (carry Fair Mkt. Value total to Assets line 5:Real Estate Owned and carry Mortgage Balance total to Liabilities line 7:Mortgages Payable)						
Property Address	Fair Mkt. Value	Creditor Name	Mortgage Balance	Monthly Payment	Interest Rate	Annual Taxes

5. Schedule of Life Insurance Carried (carry total Cash Surrender Value to Assets line 8:Cash Value Life Insurance carry total Loans to Liabilities line 4:Life Insurance Loans)					
Face Amount	Insurer	Policy Owner	Beneficiary	Cash Surrender Value	Loans

6. Schedule of Notes Payable, Secured and Unsecured (carry total(s) to Liabilities line 1:Notes Payable – Secured and/or to Liabilities line 2:Notes Payable – Unsecured)						
Creditor	Collateral Description	Owned By	Collateral Fair Market Value	Loan Balance	Monthly Payment	Interest Rate

7. Schedule of Personal Property -- Attach additional sheets if necessary. (carry total to Assets line 7:Other Personal Property)			
Quantity	Description – Make & Model	Year	Fair Market Value

Annual Income Please list sources of annual income and attach verification (either tax returns or paystubs).		
Employer Name	Annual Income	\$
Spouse's Employer Name	Annual Income	\$
Other Sources of Income	Annual Income	\$
Other Sources of Income	Annual Income	\$