



**Meritrust Credit Union**  
 P.O. Box 789757  
 Wichita, KS 67278-9757  
 800-342-9278



**PERSONAL FINANCIAL STATEMENT OF:**

Borrower \_\_\_\_\_  
 Co-Borrower \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 How long at Present Address? \_\_\_\_\_ Years \_\_\_\_\_ Months  
 S.S. # \_\_\_\_\_ Tax ID \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Position or Occupation \_\_\_\_\_  
 Business Name \_\_\_\_\_

Business Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Length of Employment \_\_\_\_\_  
 Res. Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Name of Nearest Relative \_\_\_\_\_  
 Address of Nearest Relative \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone of Nearest Relative \_\_\_\_\_

**Section 1 - STATEMENT OF FINANCIAL CONDITION AS OF \_\_\_\_\_**

| Assets   | In Dollars | Liabilities  | Original Balances | Present Balance | Monthly Payment |
|--|------------|--|-------------------|-----------------|-----------------|
| Cash in Financial Institution - See Schedule A *       |            | Notes to Financial Institutions - See Schedule F * |                   |                 |                 |
| U S Govt & marketable securities - See Schedule B *    |            | Real Estate Mortgages payable - See Schedule D *   |                   |                 |                 |
| Securities - See Schedule C *                          |            | Unpaid income tax                                  |                   |                 |                 |
| Accounts, loans and notes receivable                   |            | Other unpaid taxes and interest                    |                   |                 |                 |
| Real Estate Owned - See Schedule D *                   |            | Life Insurance Policy Loans                        |                   |                 |                 |
| Automobiles  |            | Other debts (car, credit cards, etc.)              |                   |                 |                 |
| Other personal property                                |            |  |                   |                 |                 |
| Cash Surrender value life insurance - See Schedule E * |            |  |                   |                 |                 |
| Loans Receivable                                       |            |  |                   |                 |                 |
| Other Assets - Itemize (include Schedule G) *          |            |  |                   |                 |                 |
|  |            | Total Liabilities / Monthly Payments               |                   |                 |                 |
|  |            | Net Worth (Assets - Liabilities)                   |                   |                 |                 |
| Total Assets   |            | Total Liabilities and Net Worth                    |                   |                 |                 |

**SECTION 2 - LIABILITIES**

|  | Amount (Est.) |
|--|---------------|
| Contingent Liabilities as endorser? <input type="checkbox"/> Yes <input type="checkbox"/> No                             |               |
| Co-maker or guarantor? <input type="checkbox"/> Yes <input type="checkbox"/> No  |               |
| On Lease? On Contract? <input type="checkbox"/> Yes <input type="checkbox"/> No  |               |
| Involved in pending legal actions? <input type="checkbox"/> Yes <input type="checkbox"/> No                              |               |
| Other or circumstances? <input type="checkbox"/> Yes <input type="checkbox"/> No   |               |
| Contested Income Tax Liens? <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |               |
| Are any Assets Pledged? <input type="checkbox"/> Yes <input type="checkbox"/> No   |               |
| Are you obligated to pay alimony, child support or maintenance? <input type="checkbox"/> Yes <input type="checkbox"/> No |               |
| <b>Total Contingent Liabilities</b>  |               |

Are any debts past due?  Yes  No  
 Have you ever had any auto, furniture, or other property repossessed?  Yes  No  
 Have you ever filed Bankruptcy?  Yes  No

If any of the above are yes, please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 3 - INCOME**

|                                      | Borrower | Co-Borrower |
|--------------------------------------|----------|-------------|
| Base Salary per year                 | \$       |             |
| Bonus and Commissions                | \$       |             |
| Dividends and Interest Income        | \$       |             |
| Real Estate                          | \$       |             |
| Other Income - Itemize               | \$       |             |
| Proprietorship (attach Income Stmt.) | \$       |             |
| <b>Total</b>                         | \$       |             |

The information contained in this statement is provided to the Lender to extend or to continue the extension of credit to the undersigned or to the others upon the guaranty of the undersigned. The undersigned acknowledge and understand that the Lender is relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty. 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 the Lender immediately, in writing, of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in the 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 the) obligations to the Lender. If notice or a new and full written statement is not provided, this should be considered as a continuing statement and correct as provided. The Lender is authorized to make all inquiries necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned.

**X** \_\_\_\_\_  
 Borrower Signature Date

**X** \_\_\_\_\_  
 Co-Borrower Signature Date

**SCHEDULES TO FINANCIAL STATEMENTS**

Schedule A - Cash in Financial Institution(s)

| Name   | Account Number | Type of Account | Amount Available |
|--------|----------------|-----------------|------------------|
|        |                |                 |                  |
|        |                |                 |                  |
|        |                |                 |                  |
|        |                |                 |                  |
| Total* |                |                 |                  |

Schedule B - US Government Bonds and all other Stocks and Bonds

| Number of Shares or Face Value of Bonds | Description | In Name Of | Are These Pledged / held by Other? | Market Value Today | Source of Value |
|---|-------------|------------|------------------------------------|--------------------|-----------------|
|   |             |            |                                    |                    |                 |
|   |             |            |                                    |                    |                 |
|   |             |            |                                    |                    |                 |
|   |             |            |                                    |                    |                 |
| Total*                                  |             |            |                                    |                    |                 |

Schedule C - Securities

| Description | In Name Of | Value Today |
|-------------|------------|-------------|
|             |            |             |
|             |            |             |
|             |            |             |
| Total*      |            |             |

Schedule D - Real Estate Owned

| Address & Type of Property | Title in Name of | % of Ownership | Date Acquired | Cost | Market Value | Mortgage Amount | Monthly Payment | With Whom | Annual Taxes | Annual Insurance |
|----------------------------|------------------|----------------|---------------|------|--------------|-----------------|-----------------|-----------|--------------|------------------|
|                            |                  |                |               |      |              |                 |                 |           |              |                  |
|                            |                  |                |               |      |              |                 |                 |           |              |                  |
|                            |                  |                |               |      |              |                 |                 |           |              |                  |
|                            |                  |                |               |      |              |                 |                 |           |              |                  |
| Total*                     |                  |                |               |      |              |                 |                 |           |              |                  |

Schedule E - Life Insurance, Including Group Insurance

| Name of Insurance Company | Owner of Policy | Beneficiary and Relationship | Face Amount of Policy | Policy Loans | Cash Value |
|---------------------------|-----------------|------------------------------|-----------------------|--------------|------------|
|                           |                 |                              |                       |              |            |
|                           |                 |                              |                       |              |            |
|                           |                 |                              |                       |              |            |
| Total*                    |                 |                              |                       |              |            |

Schedule F - Notes to Financial Institutions

| Name and address of Creditor | Original Loan Amount | Date of Loan | Maturity Date | Unsecured or Secured (List Collateral) | Amount Owed | Payment Schedule |
|------------------------------|----------------------|--------------|---------------|--|-------------|------------------|
|                              |                      |              |               |  |             |                  |
|                              |                      |              |               |  |             |                  |
|                              |                      |              |               |  |             |                  |
| Total*                       |                      |              |               |  |             |                  |

Schedule G - Other Assets  
(Indicate by a X if Others have an Ownership Interest)

| Description | x | Date When New | Cost When New | Value Today | LOANS ON PROPERTY |                 |
|-------------|---|---------------|---------------|-------------|-------------------|-----------------|
|             |   |               |               |             | Balance Due       | To Whom Payable |
|             |   |               |               |             |                   |                 |
|             |   |               |               |             |                   |                 |
|             |   |               |               |             |                   |                 |
| Total*      |   |               |               |             |                   |                 |