



PERSONAL FINANCIAL STATEMENT

(make copies as needed)

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan. Please provide income verification: a) 2 years tax returns business & personal b) current pay stubs, if any, and c) current P & L and Balance Sheet as applicable.

SECTION 1 – INDIVIDUAL INFORMATION (Type or Print)

SECTION 2 – OTHER PARTY INFORMATION (Type or Print)

Name		Name	
Residence Address		Residence Address	
City, State & Zip		City, State & Zip	
Position or Occupation		Position or Occupation	
Business Name		Business Name	
Business Address		Business Address	
City, State & Zip		City, State & Zip	
Home Phone No.	Business Phone No.	Home Phone No.	Business Phone No.

SECTION 3 – STATEMENT OF FINANCIAL CONDITION AS OF _____, 20____

ASSETS <small>(Do not include Assets of doubtful value)</small>	In Dollars <small>(Omit Cents)</small>	LIABILITIES	In Dollars <small>(Omit Cents)</small>
Cash on Hand and in Banks	\$	Notes Payable to Banks – Secured	\$
U.S. Gov't. & Marketable Securities – see Schedule A	\$	Notes Payable to Banks – Unsecured	\$
Non-Marketable Securities – see Schedule B	\$	Due to Brokers	\$
Securities Held by Broker in Margin Accounts	\$	Amounts Payable to Others – Secured	\$
Restricted or Control Stocks	\$	Amounts Payable to Others – Unsecured	\$
Partial Interest in Real Estate Equities – see Schedule C	\$	Accounts and Bills Due	\$
Real Estate Owned – see Schedule D	\$	Unpaid Income Tax	\$
Loans Receivable	\$	Other Unpaid Taxes and Interest	\$
Automobiles and Other Personal Property	\$	Real Estate Mortgages Payable – see Schedule D	\$
Cash Value – Life Insurance – see Schedule E	\$	Other Debts – Itemize:	\$
Other Assets – Itemize:	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$	TOTAL LIABILITIES	\$
	\$	NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

SOURCES OF INCOME FOR YEAR ENDED _____, 20____ PERSONAL INFORMATION

Salary, Bonuses, & Commissions	\$	Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of executor:
Dividends	\$		
Real Estate Income (provide)	\$	Are you a partner or officer in any other venture? If so, describe:	
Other Income (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	\$	Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe:	
	\$	Are any assets pledged other than as described on schedules? If so, describe:	
TOTAL	\$	Income tax settled through (date):	
CONTINGENT LIABILITIES		Are you a defendant in any suits or legal actions?	
Do you have any contingent liabilities? If so, describe:		Personal bank accounts carried at:	
As Endorser, Co-Maker, or Guarantor? <input type="checkbox"/> yes <input type="checkbox"/> no			
On Leases or Contracts? <input type="checkbox"/> yes <input type="checkbox"/> no			
Legal Claims <input type="checkbox"/> yes <input type="checkbox"/> no			
Other Special Debt <input type="checkbox"/> yes <input type="checkbox"/> no			

Amount of Contested Inc Tax Liens <input type="checkbox"/> yes <input type="checkbox"/> no			Have you ever been declared bankrupt? If so, describe together with date:
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(USE ADDITIONAL SCHEDULES & ATTACH AS NECESSARY)

SCHEDULE A – U.S. GOVERNMENTS & MARKETABLE SECURITIES

Number of Shares or Face Value (Bonds)	Description	In Name of	Are These Pledged?	Market Value

SCHEDULE B – NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name of	Are These Pledged?	Source of Value	Value

SCHEDULE C – PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Pmt / month	Mortgage Amount

SCHEDULE D – REAL ESTATE OWNED

Address & Type of Property	Title in Name of	Date Acquired	Cost	Market Value	Pmt / month	Mortgage Amount

SCHEDULE E – LIFE INSURANCE CARRIED

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F – BANKS, CREDIT UNIONS, ALL OTHER DEBT (attach additional information as needed)

Name & Address of Lender	Credit in the Name of	Named Collateral or Unsecured?	Date of Credit	Payment per month	Current Balance

Please submit this form together with any attached documents to your Oregonians CU lending representative.

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our credit-worthiness. You are authorized to answer questions about your credit experience with me/us.

Signature (Individual) _____

S.S. No. _____ Date of Birth _____

Signature (Other Party) _____

Date Signed _____, 20_____

S.S. No. _____ Date of Birth _____