

## **Information Prepared As Of Date:**

\*\*\*Please check that you have initialed each page and signed and dated the last page\*\*\*

I may apply for a credit extension, loan or other financial accommodation alone or together with someone else, ("co-applicant"). If I apply with a co-applicant and our combined assets and debts can meaningfully and fairly be presented together, the co-applicant and I may complete this required statement and any supporting schedules jointly, otherwise separate forms and schedules are required.

		APPLICANT		CO-APPLICANT				
Full Name				Full Name				
Street Address				Street Address				
0.10017.000.000				One of Addition				
City/State/Zip				City/Chante/7im				
City/State/Zip				City/State/Zip				
0				Occuration				
County				County				
	Since	<b>-</b> 0	☐ Rent	Since	☐ Own	- Post		
	Since	☐ Own	□ Rent	Since	_ Own	□ Rent		
B : A.I.	// / · · · · ·			D : All (V) 1 5				
Previous Addres	ss (If less than 5 years a	t present)		Previous Address (If less than 5	years at present)			
City/State/7in				City/State/7in				
City/State/Zip				City/State/Zip				
	Since	☐ Own	☐ Rent	Since	☐ Own	■ Rent		
	Since	_ Own	L Kent	Since	_ Own	i Keit		
Social Security	#		Date of Birth	Social Security # Date of Birth				
Oociai Occurity	,,		Date of Billi	Occiai decunty #		Date of Birth		
Phone:	Residenc	е	Work	Phone:	Residence	Work		
T Hone.	residente		Work	T Hone.	Residence	VV OIK		
Employer				Employer				
Liliployei				Linbioyei				
Address				Address				
Address				Addiess				
Position/Title			Since	Position/Title		Since		
r osition/ fitte			Onice	1 ostaon/ nae		Cince		
Previous Emplo	wor			Previous Employer				
r levious Lilipio	yei			Previous Employer				
Position/Title			Length of Time	Position/Title		Lendth of Time		
1 OSITION/THUE			Length of Time	T COMON TIME		Lender of Time		
Dependents/Inc	ludo Colf			Dependents/Include Self				
Dependents/Inc	iuue seii			Dependents/Include Self				
Marital Status*	☐ Yes	☐ Unmarried	☐ Separated ☐ Divorced	Marital Status*	Yes Unmarrie	ed Separated Divorced		
			DIVOICCU	1	_	<u> </u>		

Please Complete Schedules 1-8 before this section.		Date of Valuation			1/0/1900		
						•	
ASSETS					LIABILITIES		
Cash (Schedule 1)	Joint		Short Term Notes D	ue Financial I	nstitutions (Schedule 7)		
Securities (Schedule 2)			Short Term Notes D				
Life Insurance Cash Value (Schedule 3)			Credit Accounts and				
Mortgages and Contracts Held by You (Schedule 4)			Insurance Loans (S		,		
Homestead (Schedule 5)			Installment Loans a		(Schedule 7)		
Other Real Estate (Schedule 5)			Mortgages on Home				
Profit Sharing & Pension (Schedule 6)			Mortgages on Other				
Retirement Accounts, Include IRA Accounts (Schedule	1)	\$ -	Taxes	,	,		
Automobiles (Describe on attached schedule)	,		Other Liabilities (De	scribe)			
Value of My Companies			(-				
Personal Property							
Other Assets Please describe here	<u> </u>					Total \$	\$ -
Other Account Thousand General Accounts the Control of the Control	Total \$	\$ -	(Total Assets Less	Total Liahilities	s)	Net Worth \$	
		1.*	1		-/	*	1.7
Please contact your Loan Officer if you need assistanc	e with completing	these schedules. F	Sound all amounts to	the nearest \$	100		
ANNUAL INCOME	APP.	COAPP.	CONTINGENT LIAE		100.		
Salary	\$ -	00.7411.	As Endorser	JILITIE O			
Bonuses/Commissions	<u>σ</u>		As Guarantor				
Dividends/Interest			Lawsuits				
Net Real Estate Income			For Taxes				
Income from alimony, child support, or maintenance			Other ( Detail)				
payments need not be entered unless you want it							
Other (List)							
Tatal	¢	e e	Total Cantin mant I	i a bilitia a			¢
Total	-	\$ -	Total Contingent L	iabilities			\$ -
			L.				
Please answer each question (Y or N)	APP.  Yes Year?	CO.APP.  Yes Year?	Please answer each			APP.	CO.APP.
Have you ever gone through bankruptcy or had a judgment against you?	□ No	□ No	Are any assets pled except as shown?	lged or debts s	secured	■ No	■ No
	☐ Yes	☐ Yes				Yes	☐ Yes
Have you made a will?	□ No	□ No	Are you a Co-Make Guarantor of any otl			□ No	□ No
		_	,				
Please answer each question (Y or N)			APP  The second of the second		CO.APP.	Amount (\$)	]
Do you have outstanding letters of credit or surety bond	ls?		□ No		□ No		
			☐ Yes		Yes		
Are there any suits or legal actions pending against you	<b>1</b> ?		□ No		□ No		
					<b>☑</b> Yes		
Are any of your tax obligations past due?			☐ Yes ☐ No		✓ Yes ✓ No		

SCHEDULE 1 / CASH,	SAVINGS, CERTIFICATES AN	D IRA ACCOUNTS				
Name of Bank or Finance	cial Institution			Type of Account		Account Balance
CASH ACCOUNTS:						
						\$ -
						\$
						\$
DETIDEMENT ACCOUN	NTS, INCLUDE IRA ACCOUNTS	`.				1 <b>à</b> .
RETIREMENT ACCOUNT	NTS, INCLUDE IRA ACCOUNTS	o:				
						\$
						\$
						\$
						\$
					Total \$	\$
SCHEDULE 2 / SECUR	RITIES OWNED					
Par Value or			Registe	ered in	Listed or	Current
No. of Shares	Descri	intion	Name		Unlisted	Market Value
NO. OF SHATES	Descii	риоп	Ivanie	(5) 01	Offinsted	Warket Value
						Φ.
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					Total \$	\$
SCHEDULE 3 / LIFE IN	SURANCE		1		T	1
				Face Value	Cash Value	
nsurance Company		Insured	Beneficiary	of Policy	of Policy	Loans
				\$ -		\$
			•	1 *	1	1 *

SCHEDULE 4 / RECEIVABLES DUE TO ME ON MOR	RTGAGES AND CONTRACTS I OWN				
		Lien	Maturity	Repayment	Balance
Name of Debtor	Description of Property	Position	Date	Terms	Due
					\$ -

Total \$ \$ -

Total \$ \$

## SCHEDULE 5 / REAL ESTATE OWNED

Property	Name of	Year	Purchase	Mortgage	Date of	Repayment	Current
Description	Creditor	Acquired	Price	Balance	Maturity	Terms	Market Value
Homestead							
							\$ -
							\$ -
Other Investment Real Estate							
Use attached worksheet if needed							\$ -
							\$ -
							\$ -
						Total \$	\$ -

SCHEDULE 6 / PROFIT SHARING AND PENSION

Name of Institution	Type of Account	count	Amount Totally Vested	Loans
		\$ 666	\$ 666	
		\$ -	\$	\$
		\$ -	\$ -	\$ _
	Total \$	\$ 666	\$ 666	\$ -

SCHEDULE 7 / INSTALLMENTS, CREDIT LINES AND NOTES

Name of		Date of	Repayment	Balance
Creditor	Collateral	Maturity	Terms	Due
Short Term Notes Due Financial Institutions:				
			Dollar amount of monthly or weekly payment	
			Dollar amount of monthly or weekly payment	\$
Short Term Notes Due to Others:				
			Dollar amount of monthly or weekly payment	\$
			Dollar amount of monthly or weekly payment	\$
			Dollar amount of monthly or weekly payment	\$
Installment Loans and Contracts:				
			Dollar amount of monthly or weekly payment	\$
			Dollar amount of monthly or weekly payment	\$
			Dollar amount of monthly or weekly payment	\$
			Tot	al \$ \$

SCHEDULE 8 / CREDIT ACCOUNTS, BILLS DUE, ALIMONY/CHILD SUPPORT, DAYCARE, etc.

	Repayment	Balance
Name of Company	Terms	Due
	Describe amount and if weekly, monthly or annual payment	
	Describe amount and if weekly, monthly or annual payment	\$ -
	Describe amount and if weekly, monthly or annual payment	\$ -
	Describe amount and if weekly, monthly or annual payment	\$ -
	Describe amount and if weekly, monthly or annual payment	\$ -
	Total \$	\$ -

Page 4 of 6

Name and Phone Number of Attorney for Applicant		
Name and Phone Number of Attorney for Co-Applicant		
Name and Phone Number of Accountant for Applicant		
Name and Phone Number of Accountant for Co-Applicant		
Name and Phone Number of Insurance Agent for Applicant		
sdfs		
Representations and Warranties - The information contained in this stat guarantee of the undersigned. The undersigned acknowledge and under thereof. Each of the undersigned represents warrants and certifies that writing of any change in name, address, or employment and of any mat undersigned or (3) In the ability of any of the undersigned to perform its continuing statement and substantially correct. If the undersigned fail to respect, you may declare the indebtedness of the undersigned or the ingoing forward until such time that all debts to HAR-CO Credit Union have determine the credit-worthiness of the undersigned. The undersigned a undersigned authorizes you to answer questions about your credit expersupply annually an updated financial statement. This personal financial	stand that you are relying on the information provided herein in one information provided herein is true, correct and complete. Ea ial adverse change and (1) In any of the information contained in heir) obligation to you. In the absence of such notice or new annotify you as required above, or if any of the information herein subtedness guaranteed by the undersigned, as the case may be, been satisfied to make all inquiries you deem necessary to verithorizes any person or consumer reporting agency to give you are nece with the undersigned. As long any obligation or guarantee	deciding to grant or continue credit or to accept a guarantee ach of the undersigned agrees to notify you immediately and in this statement or (2) In the financial condition of any of the d full written statement, this should be considered as a should prove to be inaccurate or incomplete in any material immediately due and payable. You are authorized now and fify the accuracy of the information contained herein and to ny information it may have on the undersigned. Each of the of the undersigned to you is outstanding, the undersigned sha
Applicant's Signature Date	Co-Applicant's Signature	Date
	Attention Co-Applicants: Please do not si this application unless you intend to appl jointly with the applicant for credit.	-

Page 5 of 6