

PERSONAL INFORMATION			
Applicant		Co-Applicant	
Name:	SSN:	Name:	SSN:
Residence Address:		Residence Address:	
City, State Zip:		City, State Zip:	
Phone Number:	DOB:	Phone Number:	DOB:

ASSETS: Only assets titled directly in the name(s) above should be listed. Please show the dollar value of your interest in assets shared with others under "Other Investments" or "Other Assets." Contingent (indirect) assets (i.e. trusts, vested pension benefits, etc.) may be listed in the space provided below.

LIABILITIES: List all direct liabilities. Please show those joint with others under "Other Liabilities" noting the percentage and dollar amount for which you could be liable. Contingent (indirect) liabilities should be listed in the space provided below.

STATEMENT OF ASSETS AND LIABILITIES as of _____, 20_____.

ASSETS	IN DOLLARS
Cash on Hand & in Banks--See Schedule A	
US Gov't Marketable Securities--See Schedule B	
Restricted or control stock (retirement)	
Partial Interest in Real Estate Equities--See Schedule C	
Real Estate Owned--See Schedule D	
Loans Receivable	
Automobiles and other personal property	
Cash Value-Life Insurance--See Schedule E	
Other Assets--Itemize	
TOTAL ASSETS	

LIABILITIES	IN DOLLARS
Notes Payable to Banks--Secured--See Schedule F	
Notes Payable to Banks--Unsecured--See Schedule F	
Due to Brokers--See Schedule F	
Amounts payable to others--Secured--See Schedule F	
Amounts payable to others--Unsecured--See Schedule F	
Accounts and Bills Due	
Unpaid Income Tax	
Other Unpaid Taxes and Interest	
Real Estate Mortgages Payable--See Schedule D	
Other Debits--Itemize	
TOTAL LIABILITIES	
NET WORTH (Total Assets minus Total Liabilities)	
TOTAL LIABILITIES AND NET WORTH	

*Specify Cost or Market Value applicable. Please do not include leased items.

STATEMENT OF INCOME AND EXPENDITURES

12-month period ending on the _____ day _____, 20_____

Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

ANNUAL INCOME	AMOUNT
Salary (Applicant):	
Salary (Co-Applicant):	
Bonuses & Commissions:	
Bonuses & Commissions (Co-Applicant):	
Rental Income:	
Other Income: (List)	
TOTAL INCOME	

ANNUAL EXPENDITURES	AMOUNT
Federal Income & Other Taxes	
State Income & Other Taxes	
Rental Payments, Co-op or Condo Maintenance	
Mortgage Payment	RESIDENTIAL INVESTMENT
Property Taxes	RESIDENTIAL INVESTMENT
Interest & Principal Payments on Loans	
Other Expenses: (List)	
TOTAL EXPENDITURES	

(USE ADDITIONAL SCHEDULES, IF NECESSARY)

CONTINGENT LIABILITIES			PERSONAL INFORMATION			
Do you have any contingent liabilities? If so, describe.	Yes	No	Do you have a will?	Yes	No	Name of Executor
As indorser, co-maker or guarantor?	\$		Are you a partner or officer in any other venture?			If so, describe.
On leases or contracts?	\$		Are you obligated to pay alimony, child support or separate maintenance payments?			If so, describe.
Legal claims	\$		Are any assets pledged other than as described on schedules?			If so, describe.
Other special debt	\$		Income Taxes settled through (date)			
Amount of contested income tax liens	\$		Personal bank accounts carried at			
			Have you ever been declared bankruptcy? If so, describe.			

SCHEDULE A-CHECKING, SAVINGS, CDS AND MONEY MARKET ACCOUNTS			
Type of Account	Name of Institution	In the name of	Balance or Value

SCHEDULE B-FULLY MARKETABLE (i.e. Registered and Traded) STOCKS, BONDS, TREASURY BILLS, etc.			

SCHEDULE C-PARTIAL INTERESTS IN REAL ESTATE EQUITIES							
Address & Type of Property	Titled in Name(s) of	% of Ownership	Date Acquired	Cost	Market Value	Mortgage Balance	Mortgage Payment

SCHEDULE D-REAL ESTATE OWNED							
Address & Type of Property	Titled in Name(s) of	Date Acquired	Original Cost	Market Value	Mortgage Balance	Mortgage Maturity	Monthly Payment

SCHEDULE E-LIFE INSURANCE CARRIED (Include "G.L." and Group Insurance)						
Insurance Company	Policy Owner	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value	If assigned to whom?

SCHEDULE F-BANKS, BROKERS, OR FINANCE COMPANIES AND OTHERS WHERE CREDIT HAS BEEN OBTAINED							
Name & Address of Lender	Credit in the Name of	Secured or Unsecured	Original Date	High Credit	Current Balance	Collateral Description	Purpose

PLEASE NOTE CAREFULLY

For the purpose of obtaining and/or maintaining credit for the undersigned (The person or persons signing below) or another person or persons with Community Resource Credit Union ("CRCU"), the Undersigned submit the above information as being true, accurate statement of their financial condition as of the date shown. The Undersigned agree that CRCU may at its discretion make whatever inquiries it deems necessary in connection with the information contained herein or in the course of review or collection of any credit extended in reliance on this information. The Undersigned authorize any person or Consumer Reporting Agency to compile and furnish to CRCU any information it may have or obtain in response to such credit inquiries. CRCU is authorized to answer questions from others concerning its credit experience with the Undersigned.

The undersigned agree to notify CRCU immediately of any change in their financial condition which would adversely affect their ability to repay any of their obligations to CRCU according to terms. Should CRCU learn of such an adverse change without notice from the Undersigned or should any of the information in the above statement be untrue or misleading or materially incomplete, the Undersigned agree that all the indebtedness, jointly or severally, to CRCU which is guaranteed by the Undersigned, may at CRCU's election become immediately due and payable without notice.

Unless CRCU itself learns otherwise, or is notified otherwise by the Undersigned, it is understood that CRCU may continue to rely upon information herein as true, accurate statement of the financial condition of the Undersigned. In the event of a continuing obligation or guarantee to TBLG, the Undersigned agree to supply such current financial or other information as CRCU may reasonable request from time to time. This and all such financial statements shall become the property of CRCU.

Applicant: Signature: _____ Date: _____	Co-Applicant: Signature: _____ Date: _____
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We intend to apply for joint credit.	
Applicant: Signature: _____ Date: _____	Co-Applicant: Signature: _____ Date: _____