1 Member Way	PE	KSUNAL	. FINANCIA	L STATEMENT	800.462.50	00
Syracuse, NY 13212	Mem	per Number				
Complete this form for each busines	s ownei	r with 20%	6 or more owr	nership interest, and e	each guarantor	on the loan.
	D	ate of Sta	tement			
Applicant's Name			SSN	C	OB	
Joint Applicant's Name						
Home Phone	Cell phor	ne		Email		
Address Street			City		State	_ Zip
□ Own □ Rent Number of Year	s					
1. Total Assets should equal Total Liabi	lities + Ne	et Worth.	2. Indicate join	tly owned assets with "x" i	n JO column	
Assets	JO		Liab	oilities		
Cash (Schedule 1)		\$		Real Estate Mortgages	(Schedule 3)	\$
Investments Stocks & Bonds (Schedule 2)		\$		Installment Loans (Sch	edule 7)	\$
Real Estate Owned (Schedule 3)		\$		Notes & Accounts Paya	able (Schedule 7)	\$
Life Insurance CSV (Schedule 4)		\$		Credit Cards		\$
Accounts & Notes Receivable		\$		Unpaid Taxes		\$
Vehicle Owned Year Make		\$		Other Liabilities		\$
Vehicle Owned Year Make		\$				
Retirement Accounts (Schedule 5)		\$		Total Liabilities		\$
Business Ventures - Net Equity (Schedule 6)		\$		Net Worth (Assets Mir	nus Liabilities)	\$
Other Assets		\$				
Total Assets		\$		Total Liabilities + Net	Worth	\$
Sources of Income						
Applicant Employer Name				Applicant yer Name		
Employer Address				ver Address		
Position Y	'ears Emp	oloyed	Positio	n	Years E	Employed
Salary \$			Salary		\$	
Bonuses/Commissions \$			Bonus	es/Commissions	\$	
Dividends & Interest \$			Divide	nds & Interest	\$	
Rents & Royalties \$			Rents	& Royalties	\$	
Other Income (Describe Below) \$			Other	Income (Describe Below)	\$	
Total Gross Annual Income \$			Total	Gross Annual Income	\$	
Description of Other Income Listed Above:			Descr	iption of Other Income List	ed Above:	

ALIMONY-CHILD SUPPORT: Inclusion of alimony, separate maintenance or child support as income is voluntary and need not be revealed if you do not wish to have it considered. If you choose to include such payments, please describe if by the court and case number, the amount and the name and address of the person obligated to pay that amount to you. If you are responsible for paying alimony, separate maintenance or child support, provide particulars of the obligation along with your other obligations.

## PERSONAL FINANCIAL STATEMENT (Continued)

Name of Financial Institution	Type of Account	Owner	JO	If Pledged, to Whom?	Balance
					\$
					\$
					\$
					\$
					\$
Description	Registered in Name of	# of Share or Par	Total Marke Value	et Wi	nere Pledged?
			\$		
	Institution	Institution Type of Account	Institution     Type of Account     Owner       Institution     Institution     Institution       Institution     Institution     I	Institution     Type of Account     Owner     JO       Institution     Image: Second Sec	Institution     Type of Account     Owner     JO     Whom?       Image: Second Control of

Bonds			\$
			\$
			\$
	l		

Schedule 3	Description and Location	Titled To	Market Value	Mortgage Lender	Balance	Monthly Payment	Loan Maturity Date
Real Estate			\$				
Owned			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

Schedule 4	Name of Life Insurance Company	Policy Owner	Beneficiary/ Relationship	Amount	Loans	CSVLI
Life Insurance				\$		
Carried				\$		
				\$		

Schedule 5	% Vested	Company Name	Account #	Manner of Payment	Distribution Date	Amount
Vested Interest in						\$
Retirement/						\$
Profit Sharing						\$
Accts						\$
						\$
						\$

EMPOWER

## **PERSONAL FINANCIAL STATEMENT (continued)**

Schedule 6	Business names in which you have any business ownership interest	Position or Title	Line of Business	Years in Business	Current Market Value	% of Ownership	Business Net Worth	Present Value Your %
Business					\$			
Ventures					<u> </u>			
					\$			
					\$			
					\$			
					\$			
					\$			
					\$			

Schedule 7	Lender	Origination Date	Balance	Monthly Payment	Final Payment Date	Collateral	Loan Maturity Date
Loans owed				\$			
to CU's, Banks, and				\$			
other				\$			
				\$			
				\$			
				\$			

## **Contingent Liabilities**

Endorser or Guarantor on Notes?	🗆 Yes 🔲 No	Amount \$			
Legal Claims or Judgements?	🗆 Yes 🔲 No	Amount \$			
Other contingent liabilities or Guaranties?	□ Yes □ No	Amount \$			
Bankruptcy Ever Filed?	🗆 Yes 🖾 No				
Total Contingent Liabilities		Amount \$			
If yes to any of the above, please provide brief description:					

I (we) confirm that this financial statement is for the purpose of obtaining business credit from Empower Federal Credit Union (Empower) from time to time. I (we) have read the above and all the information in the statement and any information submitted along with this statement is true and complete. I (we) agree that this Credit Union may provide information about me (us) or my (our) account(s) to others. I (we) agree that if, in your sole opinion, this financial statement is found to be incorrect, any one or more or all of my (our) obligations to you may be immediately due and payable.

I (we) authorize Empower Federal Credit Union to obtain a Consumer Credit Report and to contact credit and trade references. I (we) authorize Empower Federal Credit Union to disclose the information contained in this application, any credit report, trade references and personal financial information with this Credit Union's Servicer, for the purpose of underwriting a loan request or loan review.

Authorized Signature	Printed Name	Date	
Authorized Signature	Printed Name	Date	