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PERSONAL FINANCIAL STATEMENT

CONFIDENTIAL

To: Citizens Equity First Credit Union, CEFCU
P.O. Box 1715
Peoria, IL 61656

Important: Read directions before completing Financial Statement.

For Office Use Only
Application Taken By:
Face to Face Interview Mail Telephone Internet

- Please check appropriate box
Individual credit - If relying on your own income and assets and not income and assets of a spouse or another person as a basis for extension or repayment of credit, complete the Financial Statement below for only as it applies to you, individually. Do not provide any information about a spouse or other person.
Joint Credit*
Individual relying upon income or assets of spouse or another person*

Personal Financial Statement as of: _____, 20_____

Applicants Name(s) _____

Home Address _____

Home Phone _____

*If applying for joint credit or for individual credit relying on income or assets of a spouse or another person for extension and repayment of credit requested, complete the Financial Statement below. Include information about income, assets, and liabilities of the spouse or other person. Both Applicant and Spouse or Co-Applicant sign this statement.

Please do not leave any questions unanswered, use "NO" or "NONE" when necessary.

Table with 4 columns: ASSETS, IN EVEN DOLLARS, LIABILITIES AND NET WORTH, IN EVEN DOLLARS. Rows include Cash on Hand, U.S. Government Securities, Listed Securities, Unlisted Securities, Other Equity Interests, Accounts and Notes Receivable, Real Estate Owned, Mortgages & Contracts Receivable, Cash Value Life Insurance, Retirement Accounts/IRAs, Other Assets, Notes Payable, Accounts and Bills Due, Unpaid Taxes, Real Estate Mortgage Payable, Land Contracts Payable, Life Insurance Loans, Other Liabilities, TOTAL LIABILITIES, NET WORTH, TOTAL LIABILITIES & NET WORTH.

Table with 2 main sections: SOURCES OF INCOME and GENERAL INFORMATION. SOURCES OF INCOME includes Salary, Bonus and Commissions, Dividends, Real Estate Income, Other Income, and CONTINGENT LIABILITIES. GENERAL INFORMATION includes Employer, Position or Profession, No. Years, Employer's Address, Partner/officer/owner in other venture, Bankruptcy, Legal Action, Income Taxes, Will, Trust, and Dependents/Ages.

SCHEDULE A: BANKS, BROKERS, SAVINGS & LOAN ASSOCIATION, FINANCE COMPANIES, OR CREDIT UNIONS.

List the names of all the institutions at which you maintain a deposit account and/or where you have obtained loans.

NAME OF INSTITUTION	NAME OF ACCOUNT	BALANCE ON DEPOSIT	HIGH CREDIT	AMOUNT OWING	MONTHLY PAYMENT	SECURED BY WHAT ASSETS
TOTAL			TOTAL			

SCHEDULE B: U.S. GOVERNMENT'S STOCKS (Listed & Unlisted), BONDS (Gov't & Comm.) and PARTNERSHIP INTERESTS (General & Ltd.)

# of Shares, Face Value (Bonds), or % of Ownership	INDICATE: 1. Agency or Name of Company issuing Security and/or Name of Partnership 2. Type of investment or Equity classification 3. Basis of Valuation*	IN NAME OF	*MARKET VALUE	PLEDGED	
				YES (✓)	NO (✓)
TOTAL					

*If Unlisted Security or Partnership interest, provide current financial statements to support basis for valuation.

SCHEDULE C: REAL ESTATE OWNED (AND RELATED DEBT, IF APPLICABLE)

DESCRIPTION OF PROPERTY OR ADDRESS	TITLE IN NAME OF	DATE ACQUIRED	COST + IMPROVEMENTS	PRESENT VALUE	MORTGAGE OR LAND CONTRACT PAYABLE		
					BALANCE OWING	MO. PAYMENT	HOLDER
TOTAL							

SCHEDULE D: MORTGAGES & LAND CONTRACTS RECEIVABLE (AND RELATED DEBT, IF APPLICABLE)

DESCRIPTION OF PROPERTY OR ADDRESS	TITLE IN NAME OF	DATE ACQUIRED	BALANCE RECEIVABLE	MONTHLY PAYMENT	MORTGAGE OR LAND CONTRACT PAYABLE		
					BALANCE OWING	MO. PAYMENT	HOLDER
TOTAL							

SCHEDULE E: LIFE INSURANCE CARRIED

NAME OF COMPANY	FACE AMOUNT	CASH SURRENDER VALUE	LOANS	BENEFICIARY
TOTAL				

I/we have carefully read and submitted the foregoing information provided on both sides of this statement to the Credit Union named on the reverse side. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Credit Union. I/we agree that if any material change(s) occur in my/our financial condition that I/we will immediately notify said Credit Union of said change(s) and unless said Credit Union is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize the Credit Union to make whatever credit inquiries it deems in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to the Credit Union any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements concerning any of the above facts, pursuant to 18 U.S.C. Section 1014.

Applicant's Signature _____	Date Signed _____	Social Security No. _____	Date of Birth _____
Co-Applicant's Signature _____	Date Signed _____	Social Security No. _____	Date of Birth _____

Information for Government Monitoring Purposes

The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

Borrower <input type="checkbox"/> I do not wish to furnish this information	Co-Borrower <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian of other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian of other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male