

PERSONAL FINANCIAL STATEMENT

PO Box 700 • Box Elder SD 57719 605-923-1405 • 888-923-1400 Fax 605-923-3960 • sentinelfcu.org

AS OF DATE		

The following personal financial statement is submitted to Sentinel Federal Credit Union for the purpose of procuring, establishing and maintaining credit. 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.

APPLICANT INFORMAT	TION								
APPLICANT FULL NAME					CO-APPLICANT FULL NAM	IE .			
Social Security No.		Date of	f Birth <i>(I</i>	MM/DD/YY)	Social Security No.		Date of	f Birth <i>(</i> λ	MM/DD/YY)
Residence Address	City		State	Zip	Residence Address	City		State	Zip
Home Phone No.	Mobile F	Phone No	D.		Home Phone No.	Mobile F	Phone No).	
Email Address					Email Address				
Business Name/Employer					Business Name/Employer				
Business Address	City		State	Zip	Business Address	City		State	Zip
Business Phone No.	TIN (If a	pplying fo	or busin	ess credit)	Business Phone No.	TIN (If a	pplying f	or busin	ess credit)
Position/Title	,		Years V Employ		Position/Title	ı		Years V Employ	

Sources of Income	Applicant	Co-Applicant	Contingent Liabilities	Amount
Salary	\$	\$	Endorser	\$
Bonuses and Commissions	\$	\$	Co-Maker	\$
Dividends and Interest	\$	\$	Guarantor	\$
Real Estate Income (Net)	\$	\$	Legal Claims	\$
Other Income (Itemize)*	\$	\$	Judgements	\$
	\$	\$	Provision for Federal Income Taxes	\$
	\$	\$	On Leases	\$
	\$	\$	Other	\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
TOTAL INCOM	E \$	\$	TOTAL CONTINGENT LIABILITIES	\$

^{*}Income from alimony, child support, or separate maintenance income need not be revealed if you do not wish Sentinel Federal Credit Union to consider the income in determining your credit worthiness.

BALANCE SHEET								
Assets		Amount	Liabilities	Liabilities				
Cash and on Deposit	(Schedule A)	\$	Notes Payable	(Schedule I)	\$			
Retirement Accounts	(Schedule B)	\$	Accounts Payable including credit cards	(Schedule J)	\$			
Securities	(Schedule C)	\$	Other Liabilities	(Schedule K)	\$			
Accounts and Notes Receivable	(Schedule D)	\$	Loans on Retirement Accounts	(Schedule B)	\$			
Cash Surrender Value Life Insurance	(Schedule E)	\$	Loans on Life Insurance Policies	(Schedule E)	\$			
Real Estate Owned	(Schedule F)	\$	Mortgage Debt	(Schedule F)	\$			
Closely Held Businesses	(Schedule G)	\$	Income Taxes Payable		\$			
Personal Property	(Schedule H)	\$	Other Taxes Payable		\$			
		\$			\$			
		\$	TOTAL	LIABILITIES	\$			
		\$		NET WORTH	\$			
Т	OTAL ASSETS	\$	TOTAL LIABILITIES AND	NET WORTH	\$			

SCHEDULES – ASSET & LIABILITY INFORMATION

If Co-Applicant section has been completed, this section should be completed giving information on both the Applicant and Co-Applicant. Round all amounts to the nearest \$100.

SCHEDULE A — Cash On Hand A	nd Money On Deposit					
Name of Financial Institution	Type of Account	Owner(e)	Plec	lged	Current Balance	
	Type of Account	Owner(s)	Yes	No	Current Balance	
					\$	
					\$	
					\$	
					\$	
					\$	
				TOTAL	\$	

SCHEDULE B — Retirement Accounts (IRA, 401K, Profit Sharing)						
Name of Financial Institution Type of Owner(c) Pledged Vested						Loans
Name of Financial Institution	Account	Owner(s)	Yes	No	Balance	Outstanding
					\$	\$
					\$	\$
					\$	\$
					\$	\$
					\$	\$
	1		,	TOTAL	\$	\$

No. of Shares	Owner(e)	L – Listed U – Unlisted	Pled	lged	Current Market Value	
(Stock) or Face Value (Bonds)		NM – Not Marketable	Yes	No		
						\$
						\$
						\$
						\$
						\$
			1		TOTAL	\$

SCHEDULE D — Accounts and Notes Receivable		
Description	Owner(s)	Amount Due
		\$
		\$
		\$
	TOTAL	\$

SCHEDULE E — Life	Insurance					
Name of Insurance Company	Owner of Policy	Beneficiary	Туре	Face Amount	Policy Loans	Cash Surrender Value
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				TOTAL	\$	\$

SCHEDULE F — Real Estate (I	ncluding R	esidence, Rental	and Othe	r)				
Address	% Owned	Purchase)	Present	Present Loan	Monthly	Monthly	
Address	70 Owned	Price	Year	Market Value B	Balance	Payment	Rental Income	
	%	\$		\$	\$	\$	\$	
	%	\$		\$	\$	\$	\$	
	%	\$		\$	\$	\$	\$	
			TOTAL	\$	\$	\$	\$	

SCHEDULE G — Closely He	eld Businesses	3			
Business Name	% Owned	Your Position/Title	Years in Business	Line of Business	Total Assets in Business
	%				\$
	%				\$
	·			TOTAL	\$

SCHEDULE H — Other Assets and Personal Propert	у			
Others Asserta/Demonstral Description	Automobiles		\/-1	
Other Assets/Personal Property	Year	Make	Model	Value
				\$
				\$
				\$
		1	TOTAL	\$

SCHEDULE I — Notes Payable								
Note Holder	Collateral	Interest Rate	Original Amount	Monthly Payment	Unpaid Balance			
			\$	\$	\$			
			\$	\$	\$			
			\$	\$	\$			
				TOTAL	\$			

SCHEDULE J — Accounts and B	ills Payable (including Credit Card	15)					
Due To	Туре	Interest Rate	Original Monthly Amount Payment			Unpaid Balance	
			\$	\$		\$	
			\$	\$		\$	
			\$	\$		\$	
			\$	\$		\$	
		"		1	TOTAL	\$	
SCHEDULE K — Other Liabilities	3						
Due To	Туре	Interest Rate		Monthly Payment		Unpaid Balance	
			\$	\$		\$	
			\$	\$		\$	
			\$	\$		\$	
			\$	\$		\$	
_					TOTAL	\$	
PERSONAL INFORMATION			Applicant		Co-Applicant		
Have you ever had a judgment filed against you?			□ Yes □ No		□ Yes	□ No	
Have you filed bankruptcy in the last 10 years?			□ Yes □ No		□ Yes	□No	
Are any assets pledged or debts secured except as shown?			□ Yes □ No		□ Yes	□ No	
lave you made a will?	☐ Yes ☐ No		□ Yes	□ No			
Number of dependents							
Marital Status (DO NOT COMPLETE if this Application is for individual unsecured credit.)			☐ Separated ☐ Sep		□ Marri □ Sepa □ Unma	parated	
SIGNATURES							
Individual Application – If you ar or assets of another person as the	wing statements and check the box that re applying for individual credit in your own basis for repayment of the credit requeste	n name and relying ed, complete the Ap	oplicant sections o	of this fir	nancial st	atement only.	
Joint Application – If you are app	olying for joint credit with another person, c	complete all section	s, providing inforr	nation a	bout both	ı Applicants.	
We intend to apply for join credit.	Applicant's Signature:	Co-App	licant's Signature	e:			
or separate maintenance or the in the extent possible, providing inf payments or income or assets you he foregoing statement, submitted for the me indicated. I/we will give you prompt vay/our obligations to you. I/we understand thich it is submitted. You are authorized to	itional Income – If you are applying for income or assets of another person as the formation in the Co-Applicant sections at are relying. purpose of obtaining credit, is true and convitten notice of any subsequent substant that you will retain this personal financial check my/our credit and employment hist has been carefully reviewed and that it is to	basis for repayme bout the person of prrect in every deta tial change in such il statement whether ory or any other inf	nt of the credit re on whose alimon il and fairly show n financial condit er or not you app formation containe	equested y, child s my/oution occurrove the	d, comple support, ir financia urring bef e credit ir	ete all sections or maintenance al condition at the fore discharge on connection wi	
pplicant's Signature:		Date:					
o-Applicant's Signature:		Date:					