



PERSONAL FINANCIAL STATEMENT

PLEASE FILL OUT AS MANY SECTIONS AS APPLICABLE

To: Hawthorne Credit Union:

| Section 1 - Individual Information (type or print) | | Section 2 - Other Party Information (type or print) | |
|----------------------------------------------------|------------|-----------------------------------------------------|------------|
| Name | | Name | |
| Address | | Address | |
| City state & zip | | City, state & zip | |
| Position or occupation | | Position or occupation | |
| Business name | | Business name | |
| Business address | | Business address | |
| City, state & zip | | City, state & zip | |
| Length of employment | | Length of employment | |
| Res. Phone | Bus. phone | Res. Phone | Bus. phone |

| Section 3 - Statement of Financial Condition as of _____ 20_____ | | | |
|------------------------------------------------------------------|----------------------------|----------------------------------------------------------|----------------------------|
| Assets (do not include assets of doubtful value) | In dollars (omit cents) | Liabilities | In dollars (omit cents) |
| Cash on hand and in this credit union | | Notes payable to Hawthorne Credit Union - see Schedule E | |
| Cash in other banks | | Notes payable to other institutions - see Schedule E | |
| U.S. Govt. & marketable securities - see Schedule A | | Due to brokers | |
| Non-marketable securities - see Schedule B | | Amounts payable to others - secured | |
| Securities held by brokers in margin accounts | | Amounts payable to others - unsecured | |
| Restricted, control, or margin account stocks | | Accounts and bills due | |
| Real estate owned - see Schedule C | | Unpaid income tax | |
| Accounts, loans, and notes receivable | | Other unpaid taxes and interest | |
| Automobiles | | Real estate mortgages payable -see Schedule C & E | |
| Other personal property | | Other debts (car payments, credit cards, etc.) - Itemize | |
| Cash surrender value - life insurance - see Schedule D | | | |
| Other assets - itemize - see Schedule F if applicable | | | |
| | | | |
| | | | |
| | | Total Liabilities | |
| | | Net Worth | |
| Total Assets | | Total Liabilities and Net Worth | |

| Section 4 - Annual Income | | Annual Expenditures | | Contingent Liabilities | | Estimated Amounts |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------|-------|--------------------------------------------------------------|---------------------------------------------------|-------------------|
| For Year Ended _____ 20_____ | | | | | | |
| Salary, bonuses & commissions | \$ _____ | Mortgage, rental payments \$ | _____ | Do you have any? | Yes No | \$ _____ |
| Dividends & interest | _____ | Real estate taxes & assessments | _____ | Contingent liabilities (as endorser, co-maker or guarantor?) | <input type="checkbox"/> <input type="checkbox"/> | _____ |
| Real estate income | _____ | Taxes - Federal, states & local | _____ | on leases? on contracts? | <input type="checkbox"/> <input type="checkbox"/> | _____ |
| Other income | _____ | Insurance payments | _____ | Involvement in pending legal actions? | <input type="checkbox"/> <input type="checkbox"/> | _____ |
| (alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation) | | Other contract payments | _____ | Other special debt or circumstances? | <input type="checkbox"/> <input type="checkbox"/> | |
| | | (car payments, charge cards, etc.) | _____ | Contested income tax liens? | <input type="checkbox"/> <input type="checkbox"/> | |
| | | Alimony, child support maintenance | _____ | If "yes" to any question(s) describe | | |
| | | Other expenses | _____ | _____ | | |
| | | | | _____ | | |
| Total \$ Income | | Total \$ Expenditures | | Total \$ Contingent Liabilities | | |

(COMPLETE SCHEDULES AND SIGN ON REVERSE SIDE)

SCHEDULE A - U.S. GOVERNMENT & MARKETABLE SECURITIES

| Number of Shares or Face Value of Bonds | Description | In Name Of | Are These Registered Pledged or Held Others? | Market Value |
|-----------------------------------------|-------------|------------|----------------------------------------------|--------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE B - NON-MARKETABLE SECURITIES

| Number Of Shares | Description | In Name Of | Are These Registered Pledged or Held by Others? | Value | Source Of Value |
|------------------|-------------|------------|-------------------------------------------------|-------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
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SCHEDULE C - RESIDENCES AND OTHER REAL ESTATE PARTIALLY OR WHOLLY OWNED

| Address and Type of Property | Title In Name of | % of Ownership | Date Acquired | Cost | Market Value | Monthly Payment | Mortgage Amount | Mortgage Maturity |
|------------------------------|------------------|----------------|---------------|------|--------------|-----------------|-----------------|-------------------|
| Residence(s) | | | | | | | | |
| Residence(s) | | | | | | | | |
| Other | | | | | | | | |
| Other | | | | | | | | |

SCHEDULE D - LIFE INSURANCE CARRIED INCLUDING GROUP INSURANCE

| Name of Insurance Company | Owner of Policy | Beneficiary and Relationship | Face Amount | Policy Loans | Cash Surrender Value |
|---------------------------|-----------------|------------------------------|-------------|--------------|----------------------|
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SCHEDULE E - BANK AND OTHER INSTITUTIONAL RELATIONSHIPS

| Name and Address of Creditor | Original Loan/Line Amount | Date of Loan | Maturity Date | Unsecured or Secured (List Collateral) | Amount Owed |
|------------------------------|---------------------------|--------------|---------------|----------------------------------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SCHEDULE F - BUSINESS VENTURES

| List Name and Address of Any Business Venture in Which You Are a Principal or Partner | Total Assets Listed in Section 3 | Your % of Ownership | Your Position/Title in the Business | Total Assets Of Business | Line of Business | Years in Business |
|---------------------------------------------------------------------------------------|----------------------------------|---------------------|-------------------------------------|--------------------------|------------------|-------------------|
| | | | | | | |
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The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Signature (individual) _____

Social Security Number _____

Date Signed _____, 20 _____

Date of Birth _____

Signature (other party) _____

Social Security Number _____

Date Signed _____, 20 _____

Date of Birth _____