

Commercial Loan Personal Financial Statement Form Checklist

Please use the Commercial Loan Personal Financial Statement Form when applying for a DCU business loan and when at least one of the following is true:

- The loan request is over \$100,000,
- The company has two or more loans and/or requests with DCU that total over \$100,000,
- The *QuickApp* is not appropriate for your request,
- The DCU loan officer asks you to submit a Personal Financial Statement.

Each principal who owns 20% or more of the business or property to be financed must fill out the Personal Financial Statement form.

To speed processing of your request, please fill out the form completely and sign it. Incomplete or unsigned forms will delay processing your request.

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PLEASE COPY THIS PERSONAL FINANCIAL STATEMENT AND RETAIN A COPY FOR YOUR RECORDS
IMPORTANT: Directions to the Applicant and Co-Applicant
(Applicant and/or Co-Applicant may be Guarantor(s) of loans to other parties)

Read directions before completing this Personal Financial Statement. Please check the appropriate box.	
<input type="checkbox"/>	Individual credit — If relying on your own income and assets and not the income and assets of a spouse or another person as a basis for extension of or repayment of credit, complete the Financial Statement below only as it applies to you individually. Do not provide any information about a spouse or other person. Sign the Financial Statement.
<input type="checkbox"/>	Joint credit — If applying for joint credit or for individual credit relying on your own income and/or assets of a spouse or another person as a basis for extension of or repayment of credit, complete the Financial Statement below. Include information about income, assets and liabilities of both parties. Both Applicant and Spouse or Co-Applicant must sign this statement.

Applicant's Name:	Co-Applicant's Name:
Street Address:	Street Address (if different):
City: State: Zip:	City: State: Zip:
Home Phone: Business Phone:	Home Phone: Business Phone (if different):
DCU Member Number (if any):	DCU Member Number (if any):

Employer	Employer
Position or Profession	Position or Profession
Number of Years Here	Number of Years Here
Income taxes settled through (Date)	Income taxes settled through (Date)

Schedule A: Deposit Accounts

List all your deposits at Credit Unions, Banks, Brokers and other Financial Institutions.

Name of Institution	Name(s) on Account	Checking Balance	Savings and CD Balances	Total
		\$	\$	\$
TOTALS		\$	\$	\$

Schedule B: Marketable Securities, U.S. Governments, Stocks (Listed & Unlisted), Bonds (Government and Commercial)

Shares or face value (Bonds)	Company, Mutual Fund or Type of Bond	In name of	Market Value	Pledged	
				Yes	No
			\$		
TOTAL			\$		

Schedule C1: RESIDENTIAL Real Estate Owned with 1st Mortgages. RE Type: Residence • 2nd Home • Land • Other

Address	RE Type	Title In Name Of	Year Acquired	Cost plus Improvements	Present Mkt. Value	1st Mortgage		
						Balance	Mo. Pymt	Lender
				\$	\$	\$	\$	
TOTAL				\$	\$	\$	\$	

Schedule C2: INVESTMENT Real Estate Owned with 1st Mortgages. RE Type: Residence • 2nd Home • Land • Other

Address	RE Type	Units	Title In Name Of	Year Acquired	Cost plus Improvements	Present Mkt. Value	1st Mortgage		
							Balance	Mo. Pymt	Lender
					\$	\$	\$	\$	
TOTAL					\$	\$	\$	\$	

Schedule D: Other Loans (Auto Loans, Home Equity Loans and 2nd or 3rd Mortgages, Lines of Credit, etc.)

Name of Institution	Name(s) on Account	Type	High Credit	Current Balance	Monthly Payment	Secured by What Assets
				\$	\$	
TOTAL				\$	\$	

Schedule E: Owned Businesses and Partnerships

Name	% Ownership	Type of Business	Year Acquired	Present Mkt. Value	Present Loan Balance	Your Equity Value	Bank
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
TOTAL				\$	\$	\$	

Schedule F: Life Insurance Carried (T for Term, W for Whole Life)

Name of Company	Face Amount		Cash Surrender Value	Loans	Beneficiary
	\$	T/W	\$	\$	
		T/W			
		T/W			
TOTAL		T/W	\$		

Schedule G: Retirement Accounts (List all your Retirement Accounts)

Name of Institution	Type - IRA, 401(k), etc.	Name on Account	Balance
			\$
			\$
			\$
TOTAL			\$

Personal Financial Statement as of:			December 31, 2006		
Assets	In Even Dollars	J=Joint I=Individual	Liabilities	In Even Dollars	J=Joint I=Individual
Cash in DCU			Installment Loans— Information from Schedule D	\$	
Deposit Accounts in other Financial Institutions - Information from Schedule A	\$		Credit Cards and Accounts Payable		
Marketable Securities— Information from Schedule B			Unpaid Taxes		
Accounts and Notes Receivable			Residence Mortgage(s)— Information from Schedule C1		
Residence(s)— Information from Schedule C1			Investment Mortgage(s)— Information from Schedule C		
Investment Real Estate— Information from Schedule C2			Owned Businesses and Partnership Loans—Information from Schedule E		
Cash Value Life Insurance— Information from Schedule F			Other Liabilities:		
Retirement Accounts			Other Liabilities:		
Personal Property and Autos			Other Liabilities:		
Business and Partnership Values— Information from Schedule E			Other Liabilities:		
Other Assets: Boat			Other Liabilities:		
Other Assets: Car			Total Liabilities		
Other Assets: Furniture			Net Worth		
Total Assets	\$		Total Liabilities and Net Worth	\$	

Sources of Income		Sources of Income	
Applicant		Co-Applicant	
	In Even Dollars		In Even Dollars
Salary from Applicant's Business	\$	Salary from Co-Applicant's Business	\$
Income from Outside Wages		Income from Outside Wages	
Bonus and Commissions		Bonus and Commissions	
Dividends		Dividends	
Real Estate Income		Real Estate Income	
*Other Income: Itemize		*Other Income: Itemize	
TOTAL	\$	TOTAL	\$

*Alimony, child support or separate maintenance payments need not be disclosed unless relied upon as a basis for extension of credit. If disclosed, payments received under: (choose one:)

Contingent Liabilities (if answer is yes, please attach explanation)			
Applicant	Amount	Co-Applicant	Amount
As endorser, co-maker or guarantor on any loans or leases? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$	As endorser, co-maker or guarantor on any loans or leases? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Any legal claims outstanding? <input type="checkbox"/> No <input type="checkbox"/> Yes		Any legal claims outstanding? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Past due taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes		Past due taxes? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Other special debt? <input type="checkbox"/> No <input type="checkbox"/> Yes		Other special debt? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you a defendant in any suits or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach an explanation.		Are you a defendant in any suits or legal action? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach an explanation.	
Have you ever filed for bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach an explanation.		Have you ever filed for bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach an explanation.	
Do you have a will or trust? <input type="checkbox"/> No <input type="checkbox"/> Yes With whom?		Do you have a will or trust? <input type="checkbox"/> No <input type="checkbox"/> Yes With whom?	
Number of dependents		Number of dependents	

My Attorney is: _____ Firm: _____ City: _____ State: _____ Phone: _____

My Accountant is: _____ Firm: _____ City: _____ State: _____ Phone: _____

I/we have carefully read and submitted the foregoing information provided on all four pages of this statement to the Digital Federal Credit Union. 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(s) 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 Digital Federal Credit Union to make whatever credit inquiries it deems necessary in connection with this financial statement. I/we authorize and instruct any person or consumer reporting agency to furnish to Digital Federal Credit Union any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that I/we do not have any delinquent payments over 30 days past due or in default except as follows, if "NONE" so state.

Name of Institution	Loan Balance	Monthly Payment	Amount Past Due	Past Due How Long?	Reason
	\$	\$	\$		

Please read page 4 and sign at the bottom of page 4. We cannot process your application without proper signatures.

DISCLOSURES AND SIGNATURES

If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Digital Federal Credit Union, Commercial Lending Department, 220 Donald Lynch Boulevard, PO Box 9130, Marlborough, MA 01752, 800.328.8797 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), Familial Status (having one or more children under the age of 18) and Handicap because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is National Credit Union Administration, 9 Washington Square, Washington Avenue Extension, Albany, NY 12205, 518.862.7400.

You have the right to a copy of the appraisal report used in connection with your application for credit. If you wish a copy please write to us at the mailing address we have provided. We must hear from you no later than 90 days after we notify you about the action taken on your credit application or you withdraw your application. (In your letter, give us the following information: Name of Applicant, Address of Applicant, Address of Property appraised).

1. Is your loan request for the purchase of, or improvements to, or a refinance of a residential property?
(By definition, residential property is 50% or more of the rental income from the residential units.) Yes No
2. Will the Borrower be a: (Check one) Individual(s)? Partnership? LLC? Corporation? Trust?

If the answer to **question 1 is Yes and** the answer to **question 2 is Individual or Partnership**, please read the information below. Otherwise, go to the bottom of the page for your signature(s).

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 discriminate neither on the basis of this information nor on 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 or surname. If You do not wish to furnish the information, please check the box below.

APPLICANT:

I do not wish to furnish this information.

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race or National Origin:

- American Indian or Alaska Native
 Asian
 Black or African American
 White
 Native Hawaiian or Other Pacific Islander

Sex :

- Female Male

CO-APPLICANT

I do not wish to furnish this information.

Ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Race or National Origin:

- American Indian or Alaska Native
 Asian
 Black or African American
 White
 Native Hawaiian or Other Pacific Islander

Sex :

- Female Male

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

Spouse's or
Co-Applicant's
Signature

Date
Signed

Social Security
No.

Date of
Birth