



Corporate Headquarters
225 Chestnut Street
Rochester, NY 14604

Personal Financial Statement

Borrower/Business Name: _____
(Legal Entity of Business Name or DBA Name)

Name: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Social Security Number: _____ DOB: _____

Annual Salary: _____ Employer: _____

Other Income: _____ Source: _____

Spouse Name: _____ Spouse Phone: _____
(If assets held jointly) (Best number call)

Street Address: _____ City: _____ State: _____ Zip Code: _____

Social Security Number: _____ DOB: _____

Annual Salary: _____ Employer: _____

Other Income: _____ Source: _____

Assets	Dollar Amount
Cash (checking and savings accounts)	\$
Certificates of Deposit	
Securities (stocks, bonds, mutual funds)	
Notes & Contracts Receivable (describe below)	
Life Insurance (cash surrender value – describe below)	
Personal Property (autos, jewelry, etc.)	
Retirement Funds (IRAs, 401k, etc.)	
Real Estate (market value)	
Other Assets (specify):	
Other Assets (specify):	
Total Assets	\$

Liabilities	Dollar Amount
Current Debt (credit cards, accounts)	\$
Notes Payable (describe below)	
Taxes Payable	
Real Estate Mortgages (describe below)	
Other Liabilities (specify):	
Other Liabilities (specify):	
Other Liabilities (specify):	
Total Liabilities	\$
Net Worth	\$

Contingent Liabilities	
Description / Location	Amount Owing
As Endorser or Co-Maker	\$
Legal Claims & Judgments	
Provision for Federal Income Tax	
Other Special Debt	
Total	\$

ASSETS – Details

Notes and contracts held

Due From Whom	Current Amount	Original Date	Monthly Payment	Maturity Date	History/Purpose
	\$		\$		
Total					\$

Securities (stocks, bonds, mutual funds)

Name of Security	Number of Shares	Cost	Date of Acquisition	Market Value
		\$		\$
Total				\$

Stock in privately held companies

Company Name	Number of Shares	Amount Invested	Est. Market Value
		\$	\$
Total			\$

Real Estate

Description/Location	Amount Owning	Original Cost	Purchase Date	Market Value
	\$	\$		\$
Total				\$

Life Insurance Policies

Name of Insurance Company	Owner of Policy	Beneficiary (list all)	Policy/Face Amount	Cash Value	Loans Against Cash Value
			\$	\$	\$
Total			\$	\$	\$

LIABILITIES – Details

Notes Payable (excluding monthly bills)

Name of Creditor	Original Amount	Monthly Payment	Interest Rate	Secured by (Collateral)	Amount Owning
	\$	\$			\$
Total					\$

Mortgage/Real Estate Loans Payable

Name of Creditor	Original Amount	Monthly Payment	Interest Rate	Secured by (Collateral)	Amount Owning
	\$	\$			\$
Total					\$

Attach additional sheets for any additional owners.

Signature(s)

The information contained in this statement is provided to induce ESL Federal Credit Union (ESL) to extend or to continue the extension of credit to the business applicant and to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that ESL is relying on the information provided herein in deciding to grant or continue credit or to accept guarantee 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 ESL 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 ESL. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fails to notify ESL as required above, or if any of the information herein should prove to be inaccurate in any material respect, ESL may declare the indebtedness of the business and of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. ESL is authorized to make all inquiries ESL deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. The undersigned authorizes any person or consumer reporting agency to give ESL a copy of the undersigned's credit report and any other financial information it may have on the undersigned. Each of the undersigned authorizes ESL to answer questions about the credit experience ESL has with the undersigned. As long as any obligation or guarantee of the undersigned to ESL is outstanding, the undersigned shall supply an updated financial statement annually. This Personal Financial Statement and any other financial or other information that the undersigned gives ESL shall be property of ESL. EACH PERSON SIGNING BELOW ACKNOWLEDGES ESL HAS NOT YET AGREED TO MAKE CREDIT AVAILABLE TO THE BUSINESS AND ESL HAS THE SOLE RIGHT TO DECIDE WHETHER TO DO SO.

_____	_____
Authorized Signature (and as guarantor and obligor)	Authorized Signer Name (please print)
_____	_____
Authorized Signer Title	Date

FOR INTERNAL USE ONLY

Business Membership Savings Account Number: _____ Org. Number: _____ Branch Quality Control Verification: _____
 Referring Branch: _____ Person/Teller Number: _____ Person/Teller Name: _____