

PERSONAL INFORMATION					
APPLICANT (NAME)			CO-APPLICANT (NAME)		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.	No. of Years with Employer	Title/Position	Business Phone No.	No. of Years with Employer	Title/Position
Name of previous employer & position (if current employer less than 3 years)		No. of yrs	Name of previous employer & position (if current employer less than 3 years)		No. of yrs
Home Phone No.	Social Security No.	Date of Birth	Home Phone No.	Social Security No.	Date of Birth
Name of your Accountant		Phone No.	Name of your Accountant		Phone No.
Name of your Attorney		Phone No.	Name of your Attorney		Phone No.
Name of your Investment Advisor/Broker		Phone No.	Name of your Investment Advisor/Broker		Phone No.
Name of your Insurance Advisor		Phone No.	Name of your Insurance Advisor		Phone No.

**Cash Income & Expenditures Statement for Year Ended \_\_\_\_\_**

ANNUAL INCOME	AMOUNT(S) (OMIT CENTS)	ANNUAL EXPENDITURES	AMOUNT(S) (OMIT CENTS)
Salary (applicant)	\$	Federal Income & Other Taxes	\$
Salary (co-applicant)		State Income & Other Taxes	
Bonuses & Commissions (applicant)		Rental Payments, Co-op or Condo Maintenance	
Bonuses & Commissions (co-applicant)		Mortgage Payments Reside Investment	
Rental Income		Property Taxes Reside Investment	
Interest Income		Interest & Principal Payments on Loans	
Dividend Income		Insurance	
Capital Gains		Investment (Including Tax Shelters)	
Partnership Income		Alimony/Child Support	
Other Investment Income		Tuition	
Other Income (list)**		Other Living Expenses	
		Medical Expenses	
		Other Expenses (List)	
<b>Total Income</b>	\$	<b>Total Expenditures</b>	\$

Any significant changes expected in the next 12 months? (If **YES** attach information)

\*Income from alimony, child support or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Balance Sheet as of \_\_\_\_\_

ASSETS	AMOUNT(S) (OMIT CENTS)	LIABILITIES	AMOUNT(S) (OMIT CENTS)
Cash in this Bank (Including money market accounts, CDs)	\$	Notes Payable to this Bank	XXX
		Secured	\$
		Unsecured	
Cash in Other Financial Institutions (Including money market accounts and CDs)		Notes Payable to Others (Schedule E)	XXX
Readily Marketable Securities (Schedule A)		Secured	
Non-Readily Marketable Securities (Schedule A)		Unsecured	
Accounts and Notes Receivable		Accounts Payable (including credit cards)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Margin Accounts	
Residential Real Estate (Schedule C)		Notes Due: Partnership (Schedule D)	
Partnerships 1 PC Interest (Schedule D)		Taxes Payable	
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts		Mortgage Debt (Schedule C)	
Deferred Income (Number of years deferred )		Life Insurance Loans (Schedule B)	
Personal Property			
Other Assets (lists)		<b>Total Liabilities</b>	
		<b>Net Worth</b>	
	\$		\$

CONTINGENT LIABILITIES	YES	NO	AMOUNT
Are you a guarantor, co-maker, endorser for any debt of an individual, corporation or partnership?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Are there any suits or legal actions pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	\$
Are any of your tax obligations past due?	<input type="checkbox"/>	<input type="checkbox"/>	\$
What would your total estimated tax liability if you were to sell your major assets?	<input type="checkbox"/>	<input type="checkbox"/>	\$

**Schedule A—All Securities (including non-money market mutual funds)**

No. of Shares	Description	Owners	Where Held	Cost	Current Market Value	Pledged	
						Yes	No
READILY MARKETABLE SECURITIES (including U.S. Governments and Municipalities)*							

NON-READILY MARKETABLE SECURITIES (CLOSELY HELD, THINLY TRADED OR RESTRICTED STOCK)							

Schedule B – Insurance						
Life Insurance (Use additional sheet if necessary)						
Insurance Company	Face Amount of Policy	Policy Type	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership
Disability Insurance		Applicant				
Monthly Distribution if Disabled						
Number of Years Covered						

Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)								
Personal Residence Property Address	Legal Owner	Purchase Year/Price	Market Value	Personal Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
Investment Property Address	Legal Owner	Purchase Year/Price	Market Value	Personal Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender

Schedule D – Partnerships (Less the majority ownership for real estate partnerships)*						
Type of Investment (name)	Date of Initial Investment	Cost	% Owned	Current Market Value	Balance Due on Partnerships	Final Contribution Date
Business/ Professional Name						
			%			
			%			
Investment (incl. tax shelters)						
			%			
			%			

- Note For Investments which represent a material portion of your local assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or 5-corporations. Schedule K-1s

Please Answer the Following Questions:

- |                                                                                                                                                                         |                          |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
|                                                                                                                                                                         | Yes                      | No                       |
| 1. Number of Dependents (Excluding yourself): _____                                                                                                                     |                          |                          |
| 2. Are you a citizen of the United States of America                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Federal 1040 Tax Returns are filed through (date): _____ Are any returns currently being audited or contested<br>Name and telephone number of your accountant: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy?                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do (either of) you have a Line of Credit or unused credit facility at any other institution?<br>If yes, please indicate where and for how much: _____                | <input type="checkbox"/> | <input type="checkbox"/> |

Schedule E – Notes Payable							
Due To	Type of Facility	Amount of	Ed Yes	Collateral	Interest Rate	Maturity	Unpaid Balance
			<input type="checkbox"/>		%		
			<input type="checkbox"/>		%		

**Representations and Warranties**

The information contained in this statement is provided to induce North Jersey Federal Credit Union (“you”) to extend or to continue the extension of credit to the undersigned or to others upon the guarantee 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 the guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein in 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 form 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. If the undersigned fail to notify you as required above or if any of the information herein prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness guaranteed by the undersigned, as the case may be immediately due and payable. 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. You may request a consumer report in connection with this application and subsequent consumer reports in connection with updating, renewing or extending the existing or future extensions of credit. Upon the undersigned written request, you will provide the name and address of the consumer reporting agency furnishing reports to you if any. As long as any obligations or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Signature of Applicant	Date	Signature of Co-Applicant	Date



**IMPORTANT INFORMATION FOR THE ABOVE SIGNER(S) ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT** – To help government fight the funding of terrorism and money laundering activities, applicable law requires North Jersey Federal Credit Union (“NJFCU”) to obtain, verify and record information that identifies each person who opens an account. What this means for the above signer(s): When you open an account NJFCU will ask your name, address, date of birth and other information that will allow NJFCU to identify you. NJFCU may also ask to see your driver’s license or other identifying documents.