

Financial Statement

Please complete this form and attach your most recent pay stubs showing one month's income. Return the form to the Financial Counseling Office or the branch nearest you. If you are unable to keep your appointment or need to reschedule please call 757-928-8896.

Acct # _____ Joint Acct # _____

Last Name _____ First _____ Middle _____

Last Name _____ First _____ Middle _____

Address _____ Years at this address _____ Own Rent

City _____ State _____ Zip _____

Home/Cell Phone _____ Marital Status _____ Number in household _____ Ages of dependents _____

Employer _____ How long? _____ Work Phone _____

Spouse's Employer _____ How long? _____ Work Phone _____

Income

	You	Spouse	Other	Total Family Income
<i>Gross Monthly Income</i>	_____	_____	_____	_____
<i>Net Monthly Income</i>	_____	_____	_____	_____
<i>Income Frequency</i>	_____	_____	_____	_____

Enter (weekly, biweekly, semimonthly or monthly) for each income listed above that describes your pay frequency.

Reason

Please check your reasons for requesting financial counseling:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Budgeting | <input type="checkbox"/> Debt Management | <input type="checkbox"/> Get out of Debt | <input type="checkbox"/> Past Due Mortgage |
| <input type="checkbox"/> Checkbook Management | <input type="checkbox"/> Denied Loan | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Reduced Income |
| <input type="checkbox"/> Correct Credit Report | <input type="checkbox"/> Financial Review | <input type="checkbox"/> Overspending | |

State your situation: _____

What do you plan to do about your situation? _____

"I/we state that all of the information stated on this Financial Statement is correct and true to the best of my/our knowledge."

Your Signature _____

Date _____

Spouse's Signature _____

Date _____

LIABILITY RELEASE STATEMENT

All final decisions are solely the member's responsibility. BayPort Credit Union presents only debt management alternatives. These alternatives may not be the only way to resolve situations.

"I/we am/are under no obligation to follow any suggestions made, and I/we will, in all cases, ultimately hold the final responsibilities for any results of decisions made."

"I/we hold BayPort Credit Union and its employees harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from advice or counseling."

Member's Signature _____

Date _____

Monthly Living Expenses

Please include periodic expenses (*) by estimating the total for the year, divide by 12 to determine your monthly expense.

	PAST DUE	ACTUAL	PROPOSED
SAVINGS/INVESTMENTS			
Savings periodic expense			
Savings (emergency, goals)			
Investments (401k, IRA, college, etc)			
GIVING			
Tithe & Offering			
Charitable Donations			
HOUSING			
Mortgage/Rent			
Second Mortgage			
HOA fee			
Real Estate Taxes*			
Home/Renters Insurance*			
Electricity			
Gas/Heating Fuel			
Water			
Sanitation			
Telephone			
Maintenance*			
LIVING EXPENSES			
Groceries			
School Lunches			
Work Lunches			
Clothing*			
Laundry/Dry Cleaning			
Day Care/Sitter			
School Expenses*			
Child/Spousal Support			
Allowances			
Hair/Nail Care/Toiletries			
Medical Insurance			
Medical/Co-pays/Prescriptions*			
Life Insurance			
Cell Phone			
Cable TV/Internet			
Entertainment (concerts, movies, etc)			
Eating Out			
Sports/Gym Membership			
Pets			
Vacation*			
Christmas/Gifts*			
Alcohol/Tobacco			
Miscellaneous (subscriptions, postage, etc)			
TRANSPORTATION			
Auto Fuel/Van/Bus Fare/Parking			
Auto Insurance*			
Personal Property Taxes*			
Maintenance/Replace*			
TOTAL LIVING EXPENSES	\$ _____	\$ _____	\$ _____

Net Worth Worksheet

Name: _____

ASSETS	VALUE	LIABILITIES	VALUE
Financial		Loan Balances:	
Checking Accounts	\$ _____	Mortgage	\$ _____
Savings Accounts	\$ _____	Auto	\$ _____
Money Markets	\$ _____	Personal	\$ _____
Savings Bonds	\$ _____	Student Loans	\$ _____
Certificates of Deposit	\$ _____	Other _____	\$ _____
Stocks/Mutual Funds	\$ _____	Other _____	\$ _____
401K Accounts	\$ _____		
IRA Accounts	\$ _____	Credit Card	
Other _____	\$ _____	Store Balances:	
Other _____	\$ _____	Visa/MasterCard	\$ _____
		Store Cards	\$ _____
Personal Property		Other _____	\$ _____
Automobile	\$ _____	Other _____	\$ _____
Boat	\$ _____	Other _____	\$ _____
Household Furnishings (furniture, jewelry, etc.)	\$ _____		
Other _____	\$ _____	Taxes Due:	
Other _____	\$ _____	Federal	\$ _____
Other _____	\$ _____	State	\$ _____
		Personal Property	\$ _____
Real Estate		Real Estate	\$ _____
Primary Residence	\$ _____	Other _____	\$ _____
Investment Property (Rental, timeshare)	\$ _____		
Other _____	\$ _____	Other Debts:	
Other _____	\$ _____	_____	\$ _____
		_____	\$ _____
		_____	\$ _____
Total Assets	\$ 	Total Liabilities	\$

MINUS

Your Net Worth is:

