

# Financial Statement

Please complete this form. Attach your most current pay stubs showing a month's pay. Then turn in this form to the branch nearest you. Please call 928-8896 if you are unable to keep your appointment or need to reschedule.

Acct # \_\_\_\_\_ SS # \_\_\_\_\_

Joint Acct # \_\_\_\_\_ SS # \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Marital Status \_\_\_\_\_ Number in household \_\_\_\_\_ Own or Rent  
(circle one)

Employer \_\_\_\_\_ How long? \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ How long? \_\_\_\_\_ Work Phone \_\_\_\_\_

## Income

	Your	Spouse	Other	Total Family Income
Gross Monthly Income	_____	_____	_____	_____
Net Monthly Income	_____	_____	_____	_____
Income Frequency	_____	_____	_____	_____

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"/> Overspending      | <input type="checkbox"/> Budgeting       | <input type="checkbox"/> Denied Loan     | <input type="checkbox"/> Correct Credit Report |
| <input type="checkbox"/> Past Due Mortgage | <input type="checkbox"/> Get Out Of Debt | <input type="checkbox"/> Debt Management | <input type="checkbox"/> Checkbook Management  |
| <input type="checkbox"/> Reduced Income    | <input type="checkbox"/> Other: _____    |  |  |

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 list the amount of all your expenses, including periodic expenses (\*) which may not occur every month, but will occur during the year. Round all amounts to the nearest dollar.

<b>PRIORITY EXPENSES (Essential)</b>	<b>Regular</b>	<b>Past Due</b>
Tithe/ Charitable Donations		
Savings/Investments		
House Payment/Rent		
2nd Mortgage/Lot Rent/Storage		
Real Estate Tax*		
Renters/Home Insurance*		
Groceries/Household/Diapers		
Electricity		
Gas/Heating Fuel		
Water/Garbage/Sewer		
Telephone		
Medical Insurance		
Medical/Dental/Optical/Co-pays*		
Life Insurance*		
Clothing/Shoes*		
Laundry/Dry Cleaning		
Hair Care/Cosmetics/Toiletries		
Auto Insurance		
Auto DMV/Personal Property Tax*		
Auto Repairs/Tires*		
Auto Fuel/Van/Bus Fare/Parking		
Day Care/Sitter		
Child/Spousal Support		
<b>Total Priority Expenses</b>	\$ _____	\$ _____
<b>Secondary Expenses:</b>	<b>Regular</b>	<b>Past Due</b>
School/Work Lunch		
School Expenses*		
Children Allowances		
Home/Yard Maintenance*		
Pets/Vet		
Cell Phone/Pager		
Cable TV		
Internet Service		
Newspaper/Magazines/Books		
Christmas/Gifts*		
Eating Out/Entertainment		
Music/Videos		
Sports/Clubs/Dance Lessons		
Crafts/Hobbies		
Vacation*		
Alcohol/Tobacco		
Postage/Bank Fees		
Miscellaneous:		
<b>Total Secondary (Discretionary)</b>	\$ _____	\$ _____
<b>TOTAL LIVING EXPENSES</b>	<b>\$ _____</b>	<b>\$ _____</b>

# Debts

Complete this section for mortgages, equity, auto, school 401K or TSP loans, taxes and any collateral loan

	<b>SECURED DEBTS</b> Creditor Name - Loan Type	Monthly Payment	Interest Rate	Current Balance	Past Due Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					

**Total Secured Debts**      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

Please contact your creditors if you are not sure of your balances.

Complete this section for all other bills, collections, judgements and liens.

	<b>UNSECURED DEBTS</b> Creditor Name	Monthly Payment	Interest + Fees	Current Balance	Past Due Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**Total Unsecured Debts**      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

**TOTAL DEBTS**      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

## Summary

\$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
**Monthly take home (Net) pay - Monthly living expenses = Amount left for paying bills**

