

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	\$ _____	\$ _____	\$ _____

Debts

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

SECURED DEBTS	Monthly Payment	Interest Rate	Current Balance	Past Due Amount	Proposed
Creditor Name - Loan Type					
Mortgage Co:	In Living Exp				
2nd Mortgage:	In Living Exp				
Total Secured Debts	\$ _____	_____	\$ _____	\$ _____	\$ _____

STUDENT LOANS	Monthly Payment	Interest Rate	Current Balance	Past Due Amount	Proposed
Creditor Name					
Total Student Loans	\$ _____	_____	\$ _____	\$ _____	\$ _____

Complete this section for credit cards, medical, collections, judgements, and all other debt.

UNSECURED DEBTS	Monthly Payment	Interest Rate	Current Balance	Past Due Amount	Proposed
Creditor Name					
Total Unsecured Debts	\$ _____	_____	\$ _____	\$ _____	\$ _____
TOTAL DEBT	\$ _____	_____	\$ _____	\$ _____	\$ _____

FINANCIAL SUMMARY: CASH FLOW

	Now	Changes	
Net Monthly Income	\$ _____	\$ _____	
Less Monthly Expenses	\$ - _____	\$ _____	
Amount Left For Paying Debt	\$ _____	\$ _____	
Less Total Debt Payment	\$ - _____	\$ _____	
Amount Left Over/Short	\$ _____	\$ _____	
Debt/Income Ratio			

Net Worth Worksheet

Name: _____

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

MINUS

Your Net Worth is:

