



PERSONAL INFORMATION					
APPLICANT (NAME)			CO-APPLICANT (NAME)		
US Citizen [] Yes [] NO If no, resident Alien No.			US Citizen [] Yes [] NO If no, resident Alien No.		
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 with current employer less that 3 yrs.)		No. of Yrs.	Name of previous employer & position (if with current employer less that 3 yrs.)		No. of Yrs.
Home Address			Home Address		
Home Phone No.	Social Security No.	Date of Birth	Home Phone No.	Social Security No.	Date of Birth
Cell Phone		Email Address	Cell Phone		Email Address
Name, Phone No. of your Accountant			Name, Phone No. of your Accountant		
Name, Phone No. of your Attorney			Name, Phone No. of your Attorney		
Name, Phone No. of your Investment Advisor/Broker			Name, Phone No. of your Investment Advisor/Broker		
Name, Phone No. of your Insurance Advisor			Name, Phone No. of your Insurance Advisor		

Cash Income & Expenditures Statement For Year Ending _____ (Omit cents)

Salary (applicant)	\$
Salary (Co-applicant)	
Bonuses & Commission (applicant)	
Bonuses & Commission (co-applicant)	
Rental Income	
Interest Income	
Dividend Income	
Capital Gains	
Partnership Income	
Other Investment Income	
Other Income (List) **	
TOTAL INCOME	\$

Federal Income and Other Taxes	\$
State Income and Other Taxes	
Rental Payments, Co-op or Condo Maintenance	
Mortgage Payments	Residential
	Investment
Property Taxes	Residential
	Investment
Interest & Principal Payments on Loans	
Insurance	
Investments (including tax shelters)	
Alimony/Child Support	
Tuition	
Other Living Expenses	
Medical Expenses	
Other Expense (List)	
TOTAL EXPENSES	\$

Any significant changes in the next 12 months? Yes No (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)	LIABILITIES	AMOUNT(S)
Cash in this Credit Union (including money market accounts, CD's)	\$	Notes Payable to this Credit Union	
		Secured	\$
Cash in Other Financial Institutions (List) (including money market accounts, CD's)		Unsecured	
		Notes Payable to Others (Schedule E)	
		Secured	
		Unsecured	
		Accounts Payable (including credit cards)	
		Margin Accounts	
Readily Marketable Securities (Schedule A)		Notes Due: Partnership (Schedule D)	
Non-Readily Marketable Securities (Schedule A)		Taxes Payable	
Accounts and Notes Receivable		Mortgage Debt (Schedule D)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Life Insurance Loans (Schedule B)	
Residential Real Estate (Schedule C)		Other Liabilities (List):	
Real Estate Investments (Schedule C)			
Partnership / PC interests (Schedule D)			
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts.			
Deferred income (number of years deferred _____)			
Personal Property (including automobiles)			
Other Assets (List):			
		TOTAL LIABILITIES	
		NET WORTH	
	\$		\$

CONTINGENT LIABILITIES	YES	NO	AMOUNT
Are you a guarantor, co-marker, or 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 you contingently liable on any lease or contract?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are any of your tax obligations past due?	<input type="checkbox"/>	<input type="checkbox"/>	_____
What would be your total estimated tax liability if you were to sell your major assets?			_____
If yes for any of the above, give details:			

Schedule A – All Securities (Including non-money market mutual funds)							
No. of Shares (Stock or Face Value (Bonds))	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEGGED	
						YES	NO
READILY MARKETABLE SECURITIES (Including U. S. Governments and Municipals)*							
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
NON-READILY MARKETABLE SECURITIES (closely held, traded, or restricted stock)							
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

*If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Schedule B – Insurance
Life Insurance (use additional sheets)

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution of Disabled		
Number of Years Covered		

Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)

Personal Residence Property Address	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						
Investment Property Address (see Attachment A)	Legal Owner	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

Schedule D – Partnerships (less than majority ownership for real partnerships)*

Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnership: Holds, Cash, Call	Final Contribution Date
Business/Professional (indicate name):						
Investments (including Tax Shelters):						

***Note:** For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments of S-corporations, schedule K-1s.

Schedule E – Notes Payable

Due to	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Loan Maturity Date	Monthly Payment	Unpaid Balance
			Yes	No					
			<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					
			<input type="checkbox"/>	<input type="checkbox"/>					

Please Answer the Following Questions:

1. Income tax returns filed through (date): _____ Are any returns currently being audited or contested? Yes No
If yes, what years (s) _____
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? Yes No
If yes, please provide details: _____
3. Have you drawn a will? Yes No
If yes, please furnish the name of the executor(s) and year will was drawn: _____
4. Number of dependents (excluding self) and relationship to applicant: _____
5. Have you ever had a financial plan prepared for you? Yes No
6. Did you include two years federal and state tax returns? Yes No
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? Yes No
If so, please indicate where, how much, and name of lender: _____

8. Do you anticipate any substantial inheritances? Yes No
If yes, please explain: _____

Representations and Warranties

The information contained in this statement is provided to induce Merck Sharp & Dohme Federal Credit Union 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 Merck Sharp & Dohme Federal Credit Union is relying on the information provided herein in deciding to grant or continue credit or to accept a 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 Merck Sharp & Dohme Federal Credit Union immediately and in writing of any change in name, address, or employment 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 Merck Sharp & Dohme Federal Credit Union. 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 should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. Merck Sharp & Dohme Federal Credit Union is authorized to make all inquiries Merck Sharp & Dohme Federal Credit Union deems necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give Merck Sharp & Dohme Federal Credit Union a copy of the undersigned's credit report and any other financial information it may have on the undersigned. Each of the undersigned authorizes Merck Sharp & Dohme Federal Credit Union to answer questions about Merck Sharp & Dohme Federal Credit Union's credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to Merck Sharp & Dohme Federal Credit Union 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 gives Merck Sharp & Dohme Federal Credit Union shall be your property.

The undersigned authorize any person or consumer reporting agency to give Merck Sharp & Dohme Federal Credit Union a copy of the undersigned's credit report, any other financial information it may have on the undersigned, and to prepare at Merck Sharp & Dohme Federal Credit Union's request, a consumer investigative report.

Signature	Date	Social Security Number
Signature	Date	Social Security Number

Date

Your Signature

Date

Co-Applicant's Signature
(If you are requesting the financial accommodation jointly.)