



Please complete your application and documents before your appointment. Include this completed checklist with your application. To submit your application electronically, please contact us for a secure link.

## For The Business:

Last 3 years tax returns

Current financial statements if more than 5 months since last fiscal year-end

Business plan if the business is a start-up

Schedule of loans/debts on OUCU form

Bank account statements for business (last 60 days for non-OUCU accounts)

# For Each Owner:

Last 3 years of personal tax returns

W-2s for last 3 years

3 most recent paystubs showing name, SS #, and YTD information

Personal Financial statement on OUCU form

Real estate schedule on OUCU form (if applicable)

Most recent retirement and investment statements (last 60 days)

Bank account statements for personal (last 60 days for non-OUCU accounts)

#### For Real Estate:

OUCU real estate schedule rent roll

Copy of leases

Copy of deed

Purchase agreement (if applicable)

# Additional Items (if):

If construction or improvement loan – plans, specs, AIA Documentation, budget, general contractor information and signed contract

If franchise, provide copy of UFOC, Franchise Agreement

If Trust copies of Trust Agreement, Addendums and any changes.

All information must be signed and dated. Your application is not considered complete until we have received all REQUIRED information. Incomplete submission will not be processed. We will contact you promptly if more information is needed to process your request.

Business Services
OUCU Financial | 944 E. State St. Athens, OH 45701
740-447-5202| Fax 740-597-2874 | business@oucu.org



Business Services OUCU Financial 944 East State St. Athens, Ohio 45701 PH: 740-597-2879 FX: 740-597-2874 business@oucu.org

| BUSINESS LOAN APPLICATION   |                                    |                      |   |                  |                             |                         |          |                          |
|---|------------------------------------|----------------------|---|------------------|-----------------------------|-------------------------|----------|--------------------------|
| ***** Each shareholder, partner or member owning 20 percent or more interest in the Business must sign a personal guaranty.  BORROWER INFORMATION |                                    |                      |   |                  |                             |                         |          |                          |
| Business Applicant's Name (exact legal name   | ۵۱                                 |                      | BORR  | DBA (if applicab |                             |                         |          |                          |
| business Applicant's Name (exact legal name   | 5)                                 |                      |   | DDA (II applicab | ic)                         |                         |          |                          |
| Taxpayer ID Number  | Year Business Established          | Years Current Own    | nership   | Years Owners h   | ave been in this line of bu | siness                  |          |                          |
|   |                                    |                      |   |                  |                             |                         |          |                          |
| Business Type:  | INDIVIDUAL                         | COI                  | RPORATIO  | ON               | PARTNE                      | RSHIP                   |          | OTHER                    |
|   | Sole Proprietorship                |                      | Su  | b S-Corporation  |                             | General Partner         | rship    | Nonprofit Organization   |
|   | Individua                          | 1                    |   | C-Corporation    |                             | Limited Partner         | rship    | Professional Association |
|   |                                    |                      | Limited Li  | ability Company  | Lir                         | nited Liability Partner | rship    | Trust                    |
| If "other", please provide details  |                                    |                      |   |                  |                             |                         |          | Other                    |
| Description of the Business or Service  |                                    |                      |   |                  |                             |                         |          |                          |
| ·   |                                    |                      |   |                  |                             |                         |          |                          |
| Business Contact Name   |                                    |                      |   | Business Phone   |                             | Email                   |          |                          |
|   |                                    |                      |   |                  |                             |                         |          |                          |
| Cell Phone  |                                    | Personal Email       | LI CONTRACTOR OF THE PROPERTY |                  |                             | •                       |          |                          |
|   |                                    |                      |   |                  |                             |                         |          |                          |
| BUSINESS LOCATION (cannot be a P.O. box):   |                                    |                      |   |                  |                             |                         |          |                          |
| Street Address  |                                    | City                 |   |                  |                             | State                   | Zip Code |                          |
| BUSINESS MAILING ADDRESS (if diffe  | rent from above):                  |                      |   |                  |                             |                         |          |                          |
| Street Address  | ·                                  | City                 |   |                  |                             | State                   | Zip Code |                          |
|   |                                    |                      |   |                  |                             |                         |          |                          |
|   |                                    |                      | ı   | LOAN REQUES      | ST                          |                         |          |                          |
|   | Mortgage                           |                      | ,   | Vehicle          |                             | Equipment               |          | Line of credit           |
| Type of Loan  | SBA 7a/504                         |                      | Const   | ruction Other    |                             |                         |          |                          |
|   | If "Other", please provide details | S:                   |   |                  |                             |                         |          |                          |
| Loan Amount   | Loan Purpose                       |                      |   |                  |                             |                         |          |                          |
|   | Loan Turposo                       |                      |   |                  |                             |                         |          |                          |
|   |                                    |                      |   |                  |                             |                         |          |                          |
|   |                                    |                      | COL   | LATERAL OFF      | ERED                        |                         |          |                          |
| Type of Collateral: (check all that apply)  | Real estate                        |                      | \   | /ehicle          |                             | Equipment               |          | Accounts Receivable      |
|   |                                    |                      | Inv   | entory           | Acco                        | ount #                  |          | Other                    |
| (Please provide more information if "Other" is  | indicated:)                        |                      |   | ı                |                             |                         |          |                          |
| Collateral Description: (Examples: property ac  | ddress and type, year/make/mod     | el of vehicles or eq | juipment, et  | tc.)             |                             |                         |          |                          |
| Collateral Value:   |                                    | Collateral Owner:    |   |                  |                             | Source of Value:        |          |                          |
| Solution Fullut.  |                                    | Condicion Owner.     |   |                  |                             | Source of value.        |          |                          |

|  |                 |            |                        | OWNERSHIP/GUAR                  | ANTORS/CO-APPLICANTS II          | NFORMATION        |   |
|--|-----------------|------------|------------------------|---------------------------------|----------------------------------|-------------------|---|
| List all Owners, Gua                         | arantors, and/o | r Co-Appli | cants for loan request |                                 |                                  |                   |   |
| If the Borrower is ar<br>ownership), will be |                 |            |                        | wner, guarantor, and/or co-appl | licant in the table below, along | with their date o | f birth, social security number, and mailing address. A personal guaranty (greater than 20% |
| 1. Name/Title                                |                 |            | Social Security #      | DOB                             | % Ownership                      |                   | Number of Yrs w/ Business   |
|  |                 |            |                        |                                 |                                  | %                 |   |
| Co Applicant?                                | YES             | NO         | Guarantor? YES         | NO                              | Mailing Address:                 |                   |   |
|  |                 |            |                        |                                 |                                  |                   |   |
| 2. Name/Title                                |                 |            | Social Security #      | DOB                             | % Ownership                      |                   | Number of Yrs w/ Business   |
|  |                 |            |                        |                                 |                                  | %                 |   |
| Co Applicant?                                | YES             | NO         | Guarantor? YES         | NO                              | Mailing Address:                 |                   |   |
|  |                 |            |                        |                                 |                                  |                   |   |
| 3. Name/Title                                |                 |            | Social Security #      | DOB                             | % Ownership                      | ٥,                | Number of Yrs w/ Business   |
|  |                 |            |                        |                                 |                                  | %                 |   |
| Co Applicant?                                | YES             | NO         | Guarantor? YES         | NO                              | Mailing Address:                 |                   |   |
|  |                 |            |                        |                                 |                                  |                   |   |
| 4. Name/Title                                |                 |            | Social Security #      | DOB                             | % Ownership                      |                   | Number of Yrs w/ Business   |
|  |                 |            |                        |                                 |                                  | %                 |   |
|  |                 |            |                        |                                 | Mailing Address:                 |                   |   |
| Co Applicant?                                | YES             | NO         | Guarantor? YES         | NO                              |                                  |                   |   |
|  |                 |            |                        |                                 |                                  |                   |   |
|  |                 |            |                        | BUS                             | SINESS DEPOSIT ACCOUNTS          |                   |   |
|  | -1 14/44/       |            | Time of A              |                                 | Comment Bala                     |                   |   |

| Financial Institution | Type of Account | Current Balance | Would you like to move the account to OUCU? |    |  |
|-----------------------|-----------------|-----------------|---|----|--|
|                       |                 |                 | YES   | NO |  |
|                       |                 |                 | YES   | NO |  |
|                       |                 |                 | YES   | NO |  |
|                       |                 |                 |   |    |  |

| RELATED BUSINESS ISSUES  |     |    |
|--|-----|----|
| Has the Applicant or any Guarantor or Co-applicant ever declared bankruptcy?   | YES | NO |
| Has any Applicant, Guarantor, or Co-Applicant ever been convicted of a Felony? If yes, date of conviction and outcome: Please provide documentation. | YES | NO |
| Is the Business Applicant or any Guarantor or Co-applicant a party to any claim or lawsuit?  | YES | NO |
| Are there any state or federal tax liens filed against any Business Applicant, Guarantor, or Co-applicant?   | YES | NO |

#### ACKNOWLEDGEMENT & CERTIFICATION

#### This application is completed for:

Business-purpose credit\* in my name or that I personally guaranty. I am relying on my income and assets and, if applicable, the income and assets of the business in which I am the sole owner, as the basis for repayment.

If you are applying for secured credit, what is your marital status?

Married

Unmarried

Separated

Business-purpose credit\* in all of our names or that we all personally guaranty. We are relying on our joint incomes and assets and, if applicable, the business in which we are joint-owners, as the basis for repayment.

\*"Business-purpose credit" includes credit of any kind extended to an individual or entity for commercial purposes, including, but not limited to, credit extended to purchase, refinance or improve 1-4 unit residential rental property, multi-family rental property, commercial real estate or farm land.

The undersigned acknowledge & understand that the information contained herein, along with all information submitted with this application, is provided to induce OUCU Financial ("OUCU") to extend or to continue to extend business-purpose credit to the undersigned or to others upon the guaranty of the undersigned, & OUCU is relying on said information in deciding to grant or continue credit or to accept a guaranty thereof. The undersigned represent, warrant & certify that the information provided herein & submitted with this application is true, correct & complete. The undersigned agree to notify OUCU immediately & in writing of any change in name, address, or employment & of any material adverse change in the financial condition of any of the undersigned or the ability of any of the undersigned to perform their obligations to OUCU. If the undersigned fail to notify OUCU as required above, or if any of the information herein or if any of the information submitted with this application should prove to be inaccurate or incomplete in any material respect, OUCU may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, in default & immediately due and payable. The undersigned acknowledge they have read & accepted the terms & disclosures contained herein. All parties agree & acknowledge that a copy or facsimile of this application will be as valid as the original. This application & any other financial or other information that the undersigned gives OUCU shall be the property of OUCU.

#### **IMPORTANT NOTICES & DISCLOSURES**

IMPORTANT NOTICE. It is a Federal crime under Section 1014 of Title 18 of the United States Code for any person to knowingly make any false statement or report, or willfully overvalue any land, property or security for the purpose of influencing in any way the action of an insured State-chartered credit union & any institution the accounts of which are insured by the National Credit Union Administration.

**EQUAL CREDIT OPPORTUNITY ACT.** The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: Federal Trade Commission, Chicago Regional Office, 55 E. Monroe St., Suite 1437, Chicago, IL 60603.

The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

APPRAISAL NOTICE. We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost. By signing below, you acknowledge receipt of this Appraisal Notice.

RIGHT TO REQUEST SPECIFIC REASON FOR CREDIT DENIAL. If your application for credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact us within sixty (60) days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within thirty (30) days of receiving your request for the statement. Please send requests to: OUCU Financial, 944 East State Street, Athens, Ohio 45701.

ADDITIONAL NOTICE: OUCU complies with Section 326 of the Patriot Act, which requires OUCU to obtain, verify, and record information that identifies each applicant for financing. OUCU complies with the FACTAct, and other similar laws, which allow each applicant to opt out of information sharing for marketing purposes. The federal agency that administers compliance with this law concerning this creditor is: National Credit Union Administration Regional Director, Region III, Suite 1600, 7000 Central Parkway, Atlanta, Georgia 30328.

DISCLOSURE AND CONSENT TO RECEIVE DOCUMENTS IN ELECTRONIC FORM. This disclosure required by this part that are required to be given in writing may be provided to the applicant in electronic form, subject to compliance with the consumer consent and other applicable provisions of the Electronic Signature in Global and National Commerce Act (E-Sign Act) (15 U.S.C. 7001 et. seq.). Where the disclosure under ss 1002.5(b)(1), 1002.5(b)(1), 1002.5(d)(1), 1002.5(d)(2), 1002.13, and 1002.14(a)(2) accompany an application accessed by the applicant in electronic form, these disclosures may be provided to the applicant in electronic form or with the application form, without regard to the consumer consent of the E-Sign Act.

These Notices are intended for use in connection with applications for business credit under ss 1002.9(a)(3)

| SIGNATURES   |                 |                  |            |       |  |
|--|-----------------|------------------|------------|-------|--|
| Signature of Applicants and Guarantors: (Each Shareholder, Partner, or Member owning 20 percent or more interest in the Business Applicant, co-applicant, and guarantor, sign below) |                 |                  |            |       |  |
| 1 Signature:   |                 | Title:           |            | Date: |  |
|  |                 |                  |            |       |  |
| 2 Signature:   |                 | Title:           |            | Date: |  |
|  |                 |                  |            |       |  |
| 3 Signature:   |                 | Title:           |            | Date: |  |
|  |                 |                  |            |       |  |
| 4 Signature:   |                 | Title:           |            | Date: |  |
|  |                 |                  |            |       |  |
| FOR USE BY OUCU FINANCIAL BUSINESS LOAN DEPARTMENT ONLY:   | Date all inforn | nation received: | Signature: |       |  |

#### To Print:

- complete form
- save as new file

#### To Email:

Please contact us to receive a secure link to submit your items.

Protecting our members' personal information is very important to us. Please never include non-public and confidential personal information in an email or attachment.



Business Services OUCU Financial 944 East State St. Athens, Ohio 45701 PH: 740-597-2879 FX: 740-597-2874 business@oucu.org

#### **Personal Financial Statement**

**IMPORTANT NOTICE.** The information contained in this statement is provided to OUCU Financial ("OUCU") to extend or to continue to extend business-purpose credit to the undersigned or to others upon the guaranty of the undersigned. OUCU is relying on this information in deciding to grant or continue credit or to accept a guaranty thereof. It is a Federal crime under Section 1014 of Title 18 of the United States Code for any person to knowingly make any false statement or report, or willfully overvalue any land, property or security for the purpose of influencing in any way the action of an insured State chartered credit union and any institution the accounts of which are insured by the National Credit Union Administration.

**EQUAL CREDIT OPPORTUNITY ACT.** The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: Federal Trade Commission, Chicago Regional Office, 55 E. Monroe St., Suite 1437, Chicago, IL 60603.

If you are applying for individual credit or if this statement relates to your guaranty of the indebtness of other person(s), firm(s) or corporations(s) including any income you are relying on, such as alimony, child support, maintenance payments or any other income or assets. Alimony child support, or separate maintenance income, need not be revealed if you do not wish to have it considered as basis for repaying this obligation.

| income, need not be revealed   | d if you do not wish to            | have it considered as basis for repayi                | ng this obligation.                |                             | •                |    |
|--|------------------------------------|---|------------------------------------|-----------------------------|------------------|----|
| I intend to apply for individual credit:   | Signature:                         |   |                                    |                             |                  |    |
| If you are applying for joint credi  | t, or if this statement rela       | tes to your guaranty of the indebtedness              | of other person(s) firm(s) or      | r corporation(s), comple    | te all sections. |    |
| We intend to apply for joint credit:   | Signature: Co-Applicant Signature: |   |                                    |                             |                  |    |
| All applicants please sign and   | d date the back of this            | financial statement.                                  |                                    |                             |                  |    |
|  |                                    | Individual Infor                                      | mation                             |                             |                  |    |
| Individual Name  |                                    |   |                                    |                             |                  |    |
| Home Address, City, State, Zip   |                                    |   |                                    |                             |                  |    |
| Control Connection Management  |                                    |   |                                    | LL BI                       |                  |    |
| Social Security Number   |                                    | Date of Birth   |                                    | Home Phone                  |                  |    |
| Cell Phone   |                                    | Email   |                                    |                             |                  |    |
| Employer Name  |                                    | Employer Address, City, State, Zip                    |                                    |                             |                  |    |
| Business Phone   |                                    | Title/Position  |                                    |                             | No. of Years     |    |
| business Priorie   |                                    | Title/Position  |                                    |                             | No. of Teals     |    |
|  |                                    | Note: Attach separate sheet(s) to exp                 | lain all "Yes" answers.            |                             |                  |    |
| 1. Are any significant changes in your in  |                                    | YES   | NO                                 |                             |                  |    |
| 2. Are you a guarantor, co-signer or oth   | YES                                | NO  |                                    |                             |                  |    |
| 3. Do you or any business in which you   | YES                                | NO  |                                    |                             |                  |    |
| 4. Do you or any business in which you   | are an owner have any outstar      | nding judgements or collections?                      |                                    |                             | YES              | NO |
| 5. Do you or any business in which you   | YES                                | NO  |                                    |                             |                  |    |
| 6. Have you or any business in which you are or were an owner ever declared bankruptcy including minority ownership of greater than or equal to 20%? |                                    |   |                                    |                             |                  | NO |
| 7. Are there any legal actions pending a   | against you or any business in v   | which you are an owner?                               |                                    |                             | YES              | NO |
| 8. Are you on parole or on probation, o  | r have you ever been convicted     | d or placed on any form of probation, for any crim    | ninal offense other than a minor v | vehicle violation?          | YES              | NO |
|  |                                    | Joint Information                                     | on                                 |                             |                  |    |
| Individual Name  |                                    |   |                                    |                             |                  |    |
| Home Address, City, State, Zip   |                                    |   |                                    |                             |                  |    |
| Social Security Number   |                                    | Date of Birth   |                                    | Home Phone                  |                  |    |
| Social Security Humber   |                                    | bate of birth   |                                    | nome rhone                  |                  |    |
| Cell Phone   |                                    | Email   |                                    | 1                           |                  |    |
| Employer Name  |                                    | Employer Address, City, State, Zip                    |                                    |                             |                  |    |
|  |                                    |   |                                    |                             |                  |    |
| Business Phone   |                                    | Title/Position  |                                    |                             | No. of Years     |    |
|  |                                    | Note: Attach separate sheet(s) to exp                 | olain all "Yes" answers.           |                             |                  |    |
| 1. Are any significant changes in your   | income or expenses expected        | in the next 12 months?                                |                                    |                             | YES              | NO |
| 2. Are you a guarantor, co-signer or o   | therwise liable for any loan, lea  | ase or other contract or debt of an individual or b   | usiness?                           |                             | YES              | NO |
| 3. Do you or any business in which yo  | u are an owner have any past o     | due tax obligations (including, but not limited to, p | property taxes, income taxes, or p | payroll/withholding taxes)? | YES              | NO |
| 4. Do you or any business in which yo  | u are an owner have any outst      | anding judgements or collections?                     |                                    |                             | YES              | NO |
| 5. Do you or any business in which yo  | u are an owner have any outst      | anding letters of credit or surety bonds?             |                                    |                             | YES              | NO |
| 6. Have you or any business in which   | you are or were an owner ever      | declared bankruptcy including minority ownership      | ip of greater than or equal to 20% | 6?                          | YES              | NO |
| 7. Are there any legal actions pending   | g against you or any business in   | which you are an owner?                               |                                    |                             | YES              | NO |
| 8. Are you on parole or on probation,  | or have you ever been convict      | ed or placed on any form of probation, for any cri    | minal offense other than a minor   | r vehicle violation?        | YES              | NO |

|  |                       | •                      |                  |  | •                           | •           | ,                                   |
|--|-----------------------|------------------------|------------------|--|-----------------------------|-------------|-------------------------------------|
| Income Description                       | Individual Informatio | on Joint Information   |                  | Expense Description  | Individual In               | formation   | Joint Information                   |
| Wages and salaries                       |                       |                        | Federal & state  | income taxes   |                             |             |                                     |
| Bonus and commissions                    |                       |                        | Alimony or chile | d support*   |                             |             |                                     |
| Interest/Dividends                       |                       |                        | Other            |  |                             |             |                                     |
| IRA distributions/Pensions and annuities |                       |                        | TOTAL EXPENS     | ES:  |                             |             |                                     |
| Unemployment                             |                       |                        | */               | forms alice and abild according                              |                             |             |                                     |
| Social security                          |                       |                        |                  | prom alimony, chila support<br>Insidered as a basis for repa |                             |             | ot be revealed if you do not wish t |
| Other*                                   |                       |                        |                  |  |                             |             |                                     |
| TOTAL INCOME:                            |                       |                        |                  |  |                             |             |                                     |
| A: Cash                                  | In Other Finance      | cial Institutions (che | cking, sa        | vings, money mark  | ets, certificate            | es of depos | it, etc.)                           |
| Type of Accou                            | nt                    | Financial Institutio   | n                | Pledged?   | Yes/No                      | Ac          | count Balance                       |
|  |                       |                        |                  | YES  | NO                          |             |                                     |
|  |                       |                        |                  | YES  | NO                          |             |                                     |
|  |                       |                        |                  | YES  | NO                          |             |                                     |
|  |                       |                        |                  |  |                             | Total:      |                                     |
| B: Marketable Secur                      | rities (mutual fu     | ınds, stocks, bonds, e | etc.)            | (including IRA,  | C: Retirem<br>401k, 403b, K |             | ts<br>Profit-Sharing, etc.)         |
| Description                              |                       | Market Value           |                  | Descripti  | ion                         | N           | /larket Value                       |
|  |                       |                        |                  |  |                             |             |                                     |
|  |                       |                        |                  |  |                             |             |                                     |
|  |                       |                        |                  |  |                             |             |                                     |
|  |                       |                        |                  |  |                             |             |                                     |
|  |                       |                        |                  |  |                             |             |                                     |
|  | Tota                  | al:                    |                  |  |                             | Total:      |                                     |
|  |                       | D: \                   | /ehicles,        | Boats, Etc.  |                             |             |                                     |
| Year, Make, Mo                           | odel                  | Creditor Name          |                  | Market Va  | alue                        | Мо          | nthly Payment                       |
|  |                       |                        |                  |  |                             |             |                                     |
|  |                       |                        |                  |  |                             |             |                                     |
|  |                       |                        |                  |  |                             |             |                                     |
|  |                       |                        |                  | Total:   |                             | Total:      |                                     |
|  |                       | F: Real F              |                  | wned - Personal  |                             |             |                                     |
| Date Acquire                             | d                     | Address                |                  | Creditor N   | lamo                        |             | /Jarket Value                       |
| Date Acquire                             | ~                     | Auu 633                |                  | Cieditoi N   | - CATTLE                    | ı "         | MAINCE VAIUE                        |
|  |                       |                        |                  |  |                             |             |                                     |
|  | +                     |                        |                  |  |                             |             |                                     |
|  |                       |                        |                  |  |                             |             |                                     |
|  |                       |                        |                  |  |                             |             |                                     |
|  |                       |                        |                  |  |                             |             | _                                   |
|  |                       |                        |                  |  |                             | TOTAL:      |                                     |

**Annual Expenses (omit cents)** 

**Annual Income (omit cents)** 

|   | F: Business/Partnership Interes   | ts - Please attach K-1, if applicabl   | e  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| Name of Business/Partnership  | Owner Since   | Total Debt   | %Owned   |  |  |  |  |
|   |   |  | %  |  |  |  |  |
|   |   |  | %  |  |  |  |  |
|   |   |  | %  |  |  |  |  |
|   |   | TOTAL:   |  |  |  |  |  |
| G: Credit Cards, Department Store Cards, Charge Cards, Etc.   |   |  |  |  |  |  |  |
| Creditor Name   | Credit Limit  | Current Balance  | Monthly Payment  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   | TOTAL:  | TOTAL:   | TOTAL:   |  |  |  |  |
|   | H: Other Liabilities (stude   | ent loans, family loans, etc.)   |  |  |  |  |  |
| Creditor Name   | Type of Loan  | Current Balance  | Monthly Payment  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   | TOTAL:   | TOTAL:   |  |  |  |  |
|   | IMPORTANT NOT   | CES & DISCLOSURES  |  |  |  |  |  |
| The undersigned agree to notify OU change in (1) any of the information the undersigned to perform their old considered as a continuing stateme | ersigned represent, warrant and cert<br>ICU immediately and in writing of any<br>or contained in this statement, (2) the<br>oligations to OUCU. In the absence of<br>int and substantially correct. If the un | change in name, address, or emplo<br>financial condition of any of the und<br>such notice or a new and full writte<br>dersigned fail to notify OUCU as req | yment and of any material adverse<br>lersigned, or (3) the ability of any of<br>n statement, this should be<br>uired above, or if any of the |  |  |  |  |

YOUR REPRESENTATIONS. The undersigned represent, warrant and certify that the information provided herein is true, correct and complete. The undersigned agree to notify OUCU immediately and in writing of any change in name, address, or employment and of any material adverse change in (1) any of the information contained in this statement, (2) the financial condition of any of the undersigned, or (3) the ability of any of the undersigned to perform their obligations to OUCU. 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 OUCU as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, OUCU may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, in default and immediately due and payable. OUCU is authorized to make all inquires it 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 OUCU any information it may have on the undersigned. Each of the undersigned authorizes OUCU to answer questions about its credit experience with the undersigned. As long as any obligation or guaranty of the undersigned to OUCU is outstanding, the undersigned shall supply annually an updated financial statement and any other financial information requested by OUCU. The undersigned acknowledge receiving a copy of the disclosures herein. All parties will consider a copy or facsimile of this statement to be as binding and valid as the original. This statement and any other financial or other information that the undersigned gives OUCU shall be the property of OUCU.

| SIGNATURES |       |  |  |  |
|------------|-------|--|--|--|
| Signature: | Date: |  |  |  |
| Signature: | Date: |  |  |  |

# To Print:

# To Email:

- complete form
- save as new file

Please contact us to receive a secure link to submit your items. Protecting our members' personal information is very important to us. Please never include non-public and confidential personal information in an email or attachment.



| Business Name: _ | <br> | <br> |  |
|------------------|------|------|--|

Business Services OUCU Financial 944 East State St. Athens, Ohio 45701 PH: 740-597-2879 FX: 740-597-2874 business@oucu.org

# Non-Real Estate Business/Debt Schedule

**Instructions**: List all loans to your business that are not on your Personal Financial Statement. Examples include business equipment loans, business vehicle loans, business credit cards and capital leases.

| Creditor Name (To Whom Payable)   | Current Balance | Credit Limit (if line of credit) | Monthly Payment         | Collateral Securing the Debt         |
|---|-----------------|----------------------------------|-------------------------|--------------------------------------|
|   |                 |                                  |                         |                                      |
|   |                 |                                  |                         |                                      |
|   |                 |                                  |                         |                                      |
|   |                 |                                  |                         |                                      |
|   |                 |                                  |                         |                                      |
|   |                 |                                  |                         |                                      |
|   |                 |                                  |                         |                                      |
|   |                 |                                  |                         |                                      |
|   |                 |                                  |                         |                                      |
|   |                 |                                  |                         |                                      |
| TOTAL:  |                 |                                  |                         |                                      |
| CERTIFICATION: The undersigned he of the/an owner, and the information he | -               |                                  | e Business identified a | bove or an authorized representative |
| Signature:  |                 | Name (print): _                  |                         |                                      |
| Title:  |                 | Date Completed:                  |                         |                                      |

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| Business Name: |  |
|----------------|--|
|----------------|--|

**Business Services OUCU Financial** 944 East State Street Athens, Ohio 45701 FX: 740-597-2874 PH: 740-597-2879 business@oucu.org

|  | REAL ESTATE SCHEDULE / RENT ROLL   |                   |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
|--|--|-------------------|------|----------------|---------|----------|---------------|-----------|----------|--------|--------------|-------------|---------|----------|-----------|------------------|
| Type Key: A = apartments, MF = 2-4 units, SF = single-family investment, C = commercial, O = office, R = retail, M = mixed-use, L = lot (copy and attach additional sheets if necessary) |  |                   |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
|  | Total Current Credit   |                   |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
|  |  | Property Location | Туре | Property Owner | % Owned | Date     | # of Units    | Monthly   | Original | Market | Current Loan | Limit       | Monthly | Annual   | Annual    |                  |
|  |  | Property Location | Туре | Floperty Owner | % Owned | Acquired | # 01 011113   | Rent(s)   | Cost     | Value  | Balance      | (If Line of | Loan    | Property | Insurance |                  |
|  |  |                   |      |                |         |          |               | 110111(0) |          | value  |              | Credit)     | Payment | Taxes    | Premium   | Name of Creditor |
| 1  | Addre  | ess:              |      |                | %       |          |               |           |          |        |              |             |         |          |           |                  |
|  |  |                   |      |                | 70      |          |               |           |          |        |              |             |         |          |           |                  |
|  | Addre  | acc.              |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
| 2  | , taai   | 000.              |      |                | %       |          |               |           |          |        |              |             |         |          |           |                  |
|  |  |                   |      |                | ,,      |          |               |           |          |        |              |             |         |          |           |                  |
| 3  | Addre  | ess:              |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
| 3  |  |                   |      |                | %       |          |               |           |          |        |              |             |         |          |           |                  |
|  |  |                   | _    |                |         |          |               |           |          |        |              |             |         |          |           |                  |
| 4  | Addre  | ess:              |      |                | %       |          |               |           |          |        |              |             |         |          |           |                  |
|  |  |                   |      |                | 70      |          |               |           |          |        |              |             |         |          |           |                  |
| _  | Addre  | ess:              |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
| 5  |  |                   |      |                | %       |          |               |           |          |        |              |             |         |          |           |                  |
|  |  |                   |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
| 6  | Addre  | ess:              |      |                | 0/      |          |               |           |          |        |              |             |         |          |           |                  |
|  |  |                   |      |                | %       |          |               |           |          |        |              |             |         |          |           |                  |
|  | Addre  | 2001              | _    |                |         |          |               |           |          |        |              |             |         |          |           |                  |
| 7  | Addir  | ess.              |      |                | %       |          |               |           |          |        |              |             |         |          |           |                  |
|  |  |                   |      |                | /0      |          |               |           |          |        |              |             |         |          |           |                  |
| _  | Addre  | ess:              |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
| 8  |  |                   |      |                | %       |          |               |           |          |        |              |             |         |          |           |                  |
|  |  |                   |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
| 9  | Addre  | ess:              |      |                | %       |          |               |           |          |        |              |             |         |          |           |                  |
|  |  |                   |      |                | 70      |          |               |           |          |        |              |             |         |          |           |                  |
|  | Addre  | ess:              |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
| 10   | ,  | 555.              |      |                | %       |          |               |           |          |        |              |             |         |          |           |                  |
|  |  |                   |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
|  | TOTAL:   |                   |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
|  | IUIAL:   |                   |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
|  | CERTIFICATION: The undersigned hereby certifies that he/she is either the/an owner of each the Properties listed herein in the percentage indicated above, or is an authorized representative of the/an owner, the information herein is true and correct, and a copy or |                   |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
|  | facsimile of this worksheet is considered as valid and binding as the original.  |                   |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
|  |  |                   |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
|  | Authorized Signature:  |                   |      |                |         |          | Name (print): |           |          |        |              |             |         |          |           |                  |
|  |  |                   |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |
|  | Title (if applicable):   |                   |      |                |         |          | Date:         |           |          |        |              |             |         |          |           |                  |
|  | Title (if applicable):   |                   |      |                |         |          |               |           |          |        |              |             |         |          |           |                  |

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# To Email:

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# **Business Assets Listing**

| <b>Business Name:</b> | Date: |  |
|-----------------------|-------|--|

Please list all assets and complete each column, as applicable. \*Please use current Fair Market Value for estimated value

| Item | Make/Model | Quantity | Date Acquired | Purchase<br>Price | Serial Number (if applicable) | Estimated Value* |
|------|------------|----------|---------------|-------------------|-------------------------------|------------------|
|      |            |          |               |                   |                               |                  |
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