

BOARD OF ORDAINED MINISTRY

FINANCIAL DISCLOSURE FORM

Name _____
 (please print)

Please read the entire form before completing

Note: Completion of this form should provide an accurate summary of your financial status. The first portion is a record of your educational debts and other financial liabilities. The last portion will be a record of your current assets.

EDUCATIONAL DEBTS:							
Name of Institution	Date Originated	Purpose	Amount Owed	Interest Rate	Minimum Monthly Payment	Is interest compounding or suspended until graduation?	Are you remaining current on your payments
TOTAL							

SHORT-TERM or CURRENT DEBTS:						
(include all charge accounts, gas credit cards, MC/Visa, Discovery cards, etc.)						
Name of Institution	Date Originated	Purpose	Amount Owed	Interest Rate	Minimum Monthly Payment	Are you remaining current on your payments
TOTAL						

AUTOMOBILE DEBTS:						
Name of Institution	Date Originated	Purpose	Amount Owed	Interest Rate	Minimum Monthly Payment	Are you remaining current on your payments
TOTAL						

LONG-TERM DEBTS:						
(Include mortgage notes on present or investment real estate, bank loans, margin loans, and any other loans with a paycheck anticipated to require payment over a three-year period)						
Name of Institution	Date Originated	Purpose	Amount Owed	Interest Rate	Minimum Monthly Payment	Are you remaining current on your payments?
TOTAL						

List any scholarships, grants, or gifts toward your educational expenses you have received in the past three years?

Have you applied to obtain financial assistance and were denied? If so, from whom and reason for denial?

List your financial assets:

Savings Accounts	Name of Institution	Type of Account	Amount
Mutual Funds/ Stocks / Bonds	Company Name	Description	Value

Insurance - Life, Health, Disability Auto, Burial, Homeowners/Rentals	Company Name	Beneficiary	Value

VESTED INTEREST IN:

Retirement Fund	Employer	Fund Name	Value
Trust Fund	Company		Value
Automobile(s)	Make/Model	Equity	Value
Real Estate	Type	Location	Equity
Personal Property	Type (furniture, etc.)		
Spouse Income	Employer	Insurance	Other Benefits
Other Assets (please describe)			

I certify that the preceding information submitted is true, current, and up-to-date and hereby agree to the release of information from the aforementioned credit grantor or other creditors, upon request by the Board of Ordained Ministry.

Signature

Address

Phone

Date