

PERSONAL FINANCIAL STATEMENT			
Name	Date of Birth	Social Insurance No.	
Street Address	City	Province	Postal Code
Home Phone No. ()	Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent	How long at present address? Years	
Occupation	Currently employed by	How long with employer? Years Months	
Employer's Phone No. ()	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Number of dependants	
Spouse's Name	Date of Birth	Social Insurance No.	
FINANCIAL INFORMATION		As at 20	
ASSETS		LIABILITIES	
	VALUE		BALANCE
CASH ON HAND (Bank balances and term deposits) Name and address of the financial institution	\$	BANK LOANS Name and address of the financial institution	\$
AUTOMOBILE MODEL YEAR		MORTGAGES ON REAL ESTATE OWNED	
STOCKS & BONDS (See schedule A on reverse)		CREDIT CARDS	
ACCOUNTS, NOTES RECEIVABLE		OTHER OBLIGATIONS	
REAL ESTATE OWNED (See schedule B on reverse)		TOTAL LIABILITIES	
RETIREMENT ACCOUNTS		NET WORTH	
OTHER ASSETS (Household Goods, etc.)		TOTAL LIABILITIES AND NET WORTH	
TOTAL ASSETS		SUNDRY PERSONAL OBLIGATIONS	
INCOME		Are you providing your personal support, for obligations not listed above (i.e. cosigner, endorser, guarantor) ?	
YOUR GROSS MONTHLY SALARY	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	
YOUR SPOUSE'S GROSS MONTHLY SALARY		Details:	
OTHER INCOME (Please itemize)			
LIFE INSURANCE			
AMOUNT:	\$	CASH SURRENDER VALUE:	\$

SCHEDULE A – STOCKS AND BONDS

QUANTITY	DESCRIPTION	MARKET VALUE	PLEGGED AS COLLATERAL	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
		\$	YES <input type="checkbox"/>	NO <input type="checkbox"/>
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
TOTAL		\$		

SCHEDULE B – REAL ESTATE (Attach copy of the property tax billing)

PROPERTY ADDRESS	TYPE OF PROPERTY	PRESENT MARKET VALUE	AMOUNT OF MORTGAGE LIENS
	<input type="checkbox"/> Residential	\$	1 ST
	<input type="checkbox"/> Multi-Unit		\$
STREET	<input type="checkbox"/> Commercial	\$	2 ND
	<input type="checkbox"/> Industrial		\$
CITY	PROVINCE		

NAME OF MORTGAGE HOLDER(S)	FIRST MORTGAGE	SECOND MORTGAGE

PERCENTAGE OWNERSHIP %	DATE ACQUIRED:	PURCHASE PRICE:
PROPERTY ADDRESS	<input type="checkbox"/> Residential	\$
	<input type="checkbox"/> Multi-Unit	
STREET	<input type="checkbox"/> Commercial	2 ND
	<input type="checkbox"/> Industrial	

NAME OF MORTGAGE HOLDER(S)	FIRST MORTGAGE	SECOND MORTGAGE

PERCENTAGE OWNERSHIP %	DATE ACQUIRED:	PURCHASE PRICE:

GENERAL INFORMATION

Have you ever had an asset repossessed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever declared bankruptcy? Yes <input type="checkbox"/> Date: _____ No <input type="checkbox"/>
Are you party to any claims or lawsuits? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you owe any taxes prior to the current year? Yes <input type="checkbox"/> No <input type="checkbox"/>

Details:

NOTICE AND ACKNOWLEDGEMENT

If, within the present document, the Undersigned must submit personal information on anyone, within the meaning of the Act respecting the protection of personal information in the private sector, the Undersigned acknowledges having obtained such information from the persons concerned or from third parties with the consent of such persons, from whom the Undersigned has obtained consent to communicate such information for the purpose of this document.

Date _____ Signature _____