



Your Personal Financial Statement

Name:		Date of Birth:		Social Insurance No.:	
Street Address:			City:	Province:	Postal Code:
Home Phone #:			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 #:		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (divorced, widowed)		Number of Dependents:	
Spouse's Name:		Date of Birth:		Social Insurance No.:	

Financial Information:		As at (date):	
Assets		Liabilities	
	Value (\$)		Balance (\$)
Cash on Hand		Bank Loans:	
Bank name: _____		Bank name: _____	
Address: _____		Address: _____	
Automobile Year:		Mortgages on Real estate owned	
Model:			
Stocks & Bonds (see schedule A on pg 2)			
Accounts, Notes Receivable		Credit Cards	
Real Estate Owned (See schedule B on reverse)			
Retirement Accounts		Other Obligations	
Other Assets (i.e. household goods)			
Life Insurance face value \$		Total Liabilities:	
Cash Surrender Value		Net Worth:	
Total Assets:		Total Liabilities and Net Worth:	

Income Sources		Sundry Personal Obligations	
Your Gross Monthly Salary	\$	Are you providing your personal support for obligations not listed above (i.e. cosigner, endorser, guarantor)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Spouse's Gross Monthly Salary	\$		
Net Monthly Rental	\$	Details:	
Other Income (Please itemize)	\$		

Schedule A – Stocks and Bonds				
Quantity	Description	Market Value	Pledged as Collateral	
			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"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
	Total:	\$	<input type="checkbox"/>	<input type="checkbox"/>

Schedule B – Real Estate Owner				
		Type of Property	Present Market Value	Amount of Mortgage Liens
Property Address:		<input type="checkbox"/> Residential <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	\$	1 st
Street:				2 nd
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 <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	\$	1 st
Street:				2 nd
City:	Province:			
Name of Mortgage Holder(s)		First Mortgage:	Second Mortgage:	
Percentage Ownership %		Date Acquired:	Purchase Price: \$	

General Information (If yes to any of the following please explain)			
Have you ever had an asset repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Date:	
Are you party to any claims or lawsuits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you owe any taxes prior to the current year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date:		Signature	

PLEASE DO NOT FORGET TO ATTACH THE FOLLOWING DOCUMENTS (IF APPLICABLE):

- Copy of the banking statements confirming the balances