

**PERSONAL FINANCIAL STATEMENT**

This form must be completed by each partner or shareholder, each corporate officer and director, and any other person(s) providing a guarantee for the requested financing.							
LAST NAME		FIRST NAME		MIDDLE NAME		SOCIAL INS. #	
ADDRESS			CITY & PROVINCE		POSTAL CODE		OWN ___ RENT ___ OTHER ___
DATE OF BIRTH __/__/__ dd mm yy		PHONE: (RES.)		PHONE: (OTHER)		MARRIED ___ SEPARATED ___ SINGLE ___ (Includes: divorced, widowed)	
EMPLOYER NAME			CONTACT		PHONE		FT ___ SELF ___ PT ___
ADDRESS			CITY & PROVINCE		TITLE/ POSITION		YRS.
NAME OF SPOUSE (First/Middle/Last)			# OF DEPENDANTS		DATE OF BIRTH __/__/__ dd mm yy		SOCIAL INS. #
SPOUSE'S EMPLOYER			CONTACT		PHONE		FT ___ SELF ___ PT ___
ADDRESS			CITY & PROVINCE		TITLE/ POSITION		YRS.
<b>BANK REFERENCES: (BANK/ BRANCH/ TEL./ ACCOUNT NUMBERS)</b>							
1. _____							
2. _____							
<b>STATEMENT OF NET WORTH DATED: _____, 20__</b>							
<b>ASSETS</b> <small>(Round to nearest \$)</small>				<b>LIABILITIES</b> <small>(Round to nearest \$)</small>			
			<b>VALUE</b>			<b>BALANCE</b>	<b>PER MO.</b>
CASH: Chequing				Accounts/ Notes Payable			
Savings				Credit Cards:			
RRSP							
Accounts/Notes Receivable				Loans			
Life Ins. – Cash Value Only (if applicable)				Monthly Rent			
Stocks/ Bonds (See Schedule A)				Mortgages (See Schedule B)			
Real Estate (See Schedule B)				Unpaid Taxes (See Schedule D)			
Vehicle(s): Make/Year _____ Model _____				Other Personal Liabilities (See Schedule C)			
Other Personal Assets (See Schedule C)				<b>Total Liabilities (II)</b>			
<b>Total Assets (I)</b>				<b>NET WORTH (I – II)</b>			
<b>INCOME</b> (Income from alimony, child support, etc. does not have to be stated unless you wish it to be considered)				<b>OTHER PERSONAL OBLIGATIONS</b> (Please provide details below if answering Yes)			
Your Gross Monthly Salary				Are you (or your spouse) providing personal support for obligations not listed above? (i.e. cosigner/guarantor) <b>Y</b> <b>N</b>			
Your Spouse's Gross Monthly Salary				Details:			
Net Monthly Rental Inc. (See Schedule C)							
Other (Specify: _____)							
<b>TOTAL MONTHLY INCOME</b>							

SCHEDULE A – STOCKS AND BONDS					
QUANTITY	DESCRIPTION	SOURCE OF QUOTE	MARKET VALUE	PLEDGE AS COLLATERAL	
				YES	NO

  

SCHEDULE B – REAL ESTATE							
Please report on your <i>share only</i> of real estate owned.	TYPE OF PROPERTY	PRESENT MARKET VALUE	AMOUNT OF LIENS/ MORTGAGE	GROSS MONTHLY RENTAL INCOME	MONTHLY MORTGAGE PAYMENTS	MONTHLY TAXES, INS., MAIN.	NET MONTHLY RENTAL INCOME
PROPERTY ADDRESS (PRIMARY RESIDENCE) Plan No. _____ Lot: _____							
STREET							
CITY	PROV.						
NAME OF MORTGAGE HOLDER(S)	FIRST MORTGAGE			SECOND MORTGAGE			
PERCENT OF OWNERSHIP	MONTH/YEAR ACQUIRED			MONTH/YEAR ACQUIRED			
OTHER PROPERTY OWNED							

  

SCHEDULE C – OTHER PERSONAL ASSETS/LIABILITIES			
OTHER PERSONAL ASSETS		OTHER PERSONAL LIABILITIES	
DETAIL	PRESENT MARKET VALUE	DETAIL	PRESENT MARKET VALUE

  

SCHEDULE D - GENERAL INFORMATION (Please provide details, if applicable)					
Are you party to any claims or lawsuits?	Y	N	Have you ever had an asset repossessed?	Y	N
Do you owe for any taxes prior to the current year?	Y	N	Have you ever declared bankruptcy? Date: _____	Y	N
Details:					
Are you a Canadian citizen?					
Any other comments regarding your application at this time?					
I/we hereby declare that the statements made herein are for the purpose of obtaining business financing and are to the best of my/our knowledge, true and correct. I/we hereby authorize the CFDC of Middlesex County to make any inquiries it deems necessary to verify the accuracy of the statements made and to determine the creditworthiness of the applicant(s). The applicant(s) also consent(s) to the disclosure at any time of any credit information about the applicant(s) to any credit reporting agency or to any one with whom I/we have financial relations.					
Date: _____, 20__			Signature: _____		
Date: _____, 20__			Signature: _____		