

YOUR PERSONAL FINANCIAL STATEMENT TO BE COMPLETED BY ALL APPLICANTS

| | | | | | |
|---|--|---|------|--|---------------------------|
| Name (First, MIDDLE, Last) | | Date of Birth (DAY/month/year) | | Social Insurance Number | |
| Street Address | | | City | | Province Postal Code |
| Home Phone () | Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other | How long at address? ____ Years ____ Months | | E-mail Address: | |
| Cell Phone () | Occupation | Currently employed by: | | How long with employer? ____ Years ____ Months | |
| Employer's Phone () | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <small>(Includes widowed)</small> | | | Number of dependents | |
| Your principal financial institution & address: | | | | | |

PERSONAL DATA ON YOUR SPOUSE (Under the Laws of Canada or the provinces, your spouse may have a legal interest or obligation arising from your business dealings and may also have an interest in your personal assets)

| | | | | | | | |
|------------------------------|--|---------------------|---|-------------------------|--|--------------------------------|--|
| Spouse's Name | | Spouse's Occupation | | Social Insurance Number | | Date of Birth (DAY/month/year) | |
| Spouse currently employed by | | | How long with employer ____ Years ____ Months | | | Spouse's work phone () | |

FINANCIAL INFORMATION FOR APPLICANT AND SPOUSE AS AT _____, _____, 20____

DAY MONTH YEAR

| ASSETS | | | LIABILITIES | | |
|---|-----------|--|--|---------------|-----------------|
| List and describe all assets | | | List credit cards, open lines of credit, and other liabilities (including alimony and child support) | | |
| | VALUE | | | BALANCE OWING | MONTHLY PAYMENT |
| TOTAL CHEQUING | \$ | | BANK LOANS | \$ | \$ |
| TOTAL SAVINGS | | | MORTGAGES ON REAL ESTATE OWNED <small>(See Schedule B on reverse)</small> | | |
| LIFE INSURANCE <small>(Cash Surrender Value Only)</small> | | | MONTHLY RENT PAYMENT | | |
| AUTOMOBILES <small>(List owned vehicles)</small> | | | CREDIT CARDS <small>(Please itemize)</small> | | |
| Make Model Year | | | | | |
| Make Model Year | | | | | |
| Make Model Year | | | | | |
| STOCKS & BONDS <small>(See Schedule A on reverse)</small> | | | | | |
| ACCOUNTS/NOTES RECEIVABLE <small>(Please itemize)</small> | | | | | |
| REAL ESTATE <small>(See Schedule B on reverse)</small> | | | ACCOUNTS/NOTES PAYABLE <small>(Please itemize)</small> | | |
| RETIREMENT ACCOUNTS | | | OTHER OBLIGATIONS <small>(Please itemize, Include leases)</small> | | |
| BUSINESS ASSETS <small>(value of investment/Equity)</small> | | | | | |
| OTHER ASSETS <small>(Household Goods, etc.)</small> | | | TOTAL MONTHLY PAYMENTS | | \$ |
| | | | TOTAL LIABILITIES (ii) | \$ | |
| TOTAL ASSETS (i) | \$ | | NET WORTH (i - ii) | | \$ |

| INCOME SOURCES <small>Income from alimony, child support or separate maintenance does not have to be stated unless you want it considered.</small> | SUNDRY PERSONAL OBLIGATIONS <small>Please provide details below if you answer Yes to the following question</small> | |
|--|---|---|
| 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 | | Details of any of the above |
| NET MONTHLY RENTAL <small>(from Schedule B on reverse)</small> | | |
| OTHER INCOME <small>(Please itemize)</small> | | |
| TOTAL | \$ | |

ADDITIONAL INFORMATION:

SCHEDULE A – STOCKS AND BONDS

| QUANTITY | DESCRIPTION | WHERE LISTED | MARKET VALUE | PLEGGED AS COLLATERAL | |
|--------------|-------------|--------------|--------------|-----------------------|----|
| | | | | YES | NO |
| | | | \$ | | |
| | | | | | |
| | | | | | |
| TOTAL | | | \$ | | |

SCHEDULE B – REAL ESTATE OWNED

| Please provide information on <i>your share only</i> of real estate owned. | | TYPE OF PROPERTY | PRESENT MARKET VALUE | AMOUNT OF MORTGAGE LIENS | GROSS MONTHLY RENTAL INCOME | MONTHLY MORTGAGE PAYMENTS | MONTHLY TAXES INSUR. MAINTENANCE AND MISC. | NET MONTHLY RENTAL INCOME |
|--|-------------|-----------------------|----------------------|--------------------------|-----------------------------|---------------------------|--|---------------------------|
| PROPERTY ADDRESS (Primary residence) Plan No. _____ Lot No. _____ | | | \$ | 1 ST | \$ | 1 ST | \$ | \$ |
| STREET | | | | 2 ND | | 2 ND | | |
| CITY | | | | | | | | |
| PROVINCE | POSTAL CODE | FIRST MORTGAGE HOLDER | | | SECOND MORTGAGE HOLDER | | | |
| PERCENTAGE OWNERSHIP | | MONTH/YEAR ACQUIRED: | | | ORIGINAL PURCHASE PRICE: | | | |
| #2 PROPERTY ADDRESS Plan No. _____ Lot No. _____ | | | \$ | 1 ST | \$ | 1 ST | \$ | \$ |
| STREET | | | | 2 ND | | 2 ND | | |
| CITY | | | | | | | | |
| PROVINCE | POSTAL CODE | FIRST MORTGAGE HOLDER | | | SECOND MORTGAGE HOLDER | | | |
| PERCENTAGE OWNERSHIP | | MONTH/YEAR ACQUIRED: | | | ORIGINAL PURCHASE PRICE: | | | |

GENERAL INFORMATION Please provide details if you answer Yes to any of the following questions

| | |
|---|--|
| 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 |

Details _____

Please describe the personal qualities which you feel (will) contribute to the success of your business (experience, knowledge and skills)

The undersigned declare(s) 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. The applicant(s) consent(s) to the Sarnia-Lambton Business Development Corporation making any inquiries it deems necessary to reach a decision on this application; and consent(s) to the disclosure at any time of any credit information about me/us to any credit reporting agency or to any one with whom I/we have financial relations.

Date: _____ 20____

Signature of Applicant

Date: _____ 20____

Signature of Spouse