

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>			
AUTOMOBILES <small>(List owned vehicles)</small>			MONTHLY RENT PAYMENT			
Make Model Year			CREDIT CARDS <small>(Please itemize)</small>			
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)?
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		
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		
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 _____