

Personal Statement of Affairs

Full Name:		Home Phone: _____ Work Phone: _____			
S.I.N.		Fax Phone: _____ Cell Phone: _____			
Birth Date: Day ____ Month _____ Year ____		E-mail: _____			
<input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				Dependants:	
Present Address:		City	Province	Postal Code	How Long?
Previous Addresses in the past 5 years (use reverse if necessary):					
Present Employer:		Position:	Work #:	Mo. Income:	How Long?
Previous Employer (s) in the past 5 years:					
Spouse's Name:		Birth Date: Day ____ Month _____ Year ____			
S.I.N.					
Spouse's Employer:		Occupation:	Work #:	Mo. Income:	How Long?
Spouse's Previous Employer					
Source of other Income:					
Relative: Name		Address:		Relationship:	Phone #:
Relative: Name		Address:		Relationship:	Phone #:
Relative: Name		Address:		Relationship:	Phone #:
Landlord:			Phone #:	Rent Payment:	
INSURANCE: Do you need life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please state name of Insurance Company and Life Agent: Company Name: _____ Life Agent: _____			

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What You Own (List and Describe All Assets)		What You Owe		
DESCRIPTION	CASH	COMPANY	O/S	PAYMENT
Cash on Hand/Deposit:	\$	Credit Cards:	\$	\$
Bank or Trust:				
Name:				
Name:				
RRSP's Where?				
Stocks, Bonds, Etc.:				
Vehicles (Describe with Year and Model)l		Bank Loans		
1)		1.		
2)		2.		
3)		3.		
4)		4.		
5)		5.		
Other Assets		Other Liabilities (Parents, Co-signer, Legal Claims, etc.):		
Real Estate: 1.		Mortgage(s):		
2.				
		Monthly Rent Payable:		
Household (insured value):		Taxes Owing (please specify):		
Life Insurance (value):		Revenue Canada		
		Other (please describe):		
Total Assets:	\$	Total Liabilities (add O/S column):	\$	
NET WORTH = \$ _____ (NET WORTH = Total Assets – Total Liabilities)				
I here by certify that the information provided is correct and permission is hereby granted for Prince Albert Community Futures Development Corporation to conduct a credit investigation.				
_____ Signature		_____ Date		
_____ Signature		_____ Date		

Additional Information that you feel may be applicable (include contingent liabilities), please add to the back of this form.