



PERSONAL NET WORTH STATEMENT

Fax: 604-688-4286
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PERSONAL INFORMATION Last Name: _____ Given Names: _____
 Date of Birth mm/dd/yyyy: _____ SIN: _____ Email: _____
 Address: _____ City: _____
 Province: _____ Postal Code: _____ Home # : _____ Cell: _____
 Own Rent Other How Long At Present Address Years: _____ Months: _____
 Address (if less than 2 years at present address): _____
 City: _____ Province : _____ Postal Code: _____ How Long Years: _____ Months: _____
 Occupation: _____ Employer: _____ Annual Income: _____
 How Long With Employer Years: _____ Months: _____ Driving Licence #: _____ State/Prov: _____
 Marital Status: Married Single Divorced Separated Number of Dependents: _____
 Spouse's Name: _____ Occupation: _____ SIN: _____ Annual Income: _____

NEXT OF KIN Nearest Relative Not Living With You
 Name: _____ Relationship: _____ Contact #: _____
 Address: _____ City: _____ Province: _____ Post Code: _____
 Second Nearest Relative Not Living With You
 Name: _____ Relationship: _____ Contact #: _____
 Address: _____ City: _____ Province: _____ Post Code: _____

PERSONAL NET WORTH STATEMENT				
ASSETS	CURRENT VALUE	LIABILITIES	BALANCE OWING	ACBH< @ PAYMENT
Primary Residence				
Other Real Estate				
Cash in Bank				
Vehicles/Equipment Make/Model and Year				
Other Assets (specify)				
Total Assets		Total Liabilities		
Net Worth (Total Assets minus Total Liabilities)				

The undersigned certifies the above information to be true and correct. By signing below, I/we consent to the obtaining from any credit reporting agency or credit grantor, such information as may be required at any time in connection with the credit hereby applied for, and consent to the disclosure at any time of any information concerning the undersigned to any credit reporting agency or to any credit grantor with whom the undersigned has financial relations.

Signature of Applicant _____ Date _____