

PERSONAL STATEMENT OF AFFAIRS

Commercial Finance One

Suite 218, 9040 Leslie Street, Richmond Hill, ON, L4B 3M4
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Please complete this form as fully as possible

Personal Information

First Name	Middle Name	Surname	Social insurance no.	Date of birth
Home address (Apt./P.O. box/Street and Number)		City/Town	Prov.	Postal code
Home telephone no. Other	Business telephone no.	Residence Own Rent	Marital status	No. of dependants including spouse
Principal bank or financial institution		Address	Savings A/C no.	Chequing A/C no.
Have you ever borrowed before?	If yes - where	When	Amount	If yes - where When Amount
No	No	No	No	No

Financial Profile

Assets (List and describe all assets - Schedules on reverse)	Liabilities (List credit cards and other liabilities including alimony and child support)
Cash - Bank \$	Bank loans (see schedule F) Balance owing \$
Cash - Other financial institutions	Mortgages on real estate (see schedule B)
Life insurance C.S.V. (see schedule C)	Credit cards 1.
Retirement accounts (see schedule D)	(please itemize) 2.
Marketable securities (see schedule A)	3.
Accounts and 1.	Other obligations 1.
loans receivable 2.	(please itemize) 2.
(Please itemize)	(B) Total liabilities \$
Automobiles Make/yr.	(C) Net Worth (A minus B) \$
Real estate (see schedule B) Make/yr.	Sundry Obligations
Business interests (see schedule E)	Are you personally supporting contingent obligations not listed above (e.g. co-signer/endorser/guarantor?)
Other assets 1.	Yes
(please itemize) 2.	No
3.	If yes, please indicate liability and provide details on amount, to whom and nature of obligations below:
(A) Total Assets \$	

Present Annual Income and Expenses

Your gross income	Your expenses
Annual salary or wages \$	Mortgage/rental payments \$
Commissions and bonuses	Real estate taxes
Dividends and interest	Federal and Provincial income taxes
Rental income (schedule B reverse)	Insurance premiums
Other income 1.	Credit cards
(please itemize) 2.	Consumer loan payments
Subtotal \$	Alimony, child support or maintenance payments
Spouse's gross income	Other expenses 1.
Annual salary or wages	(please itemize) 2.
Other income 1.	3.
(please itemize) 2.	4.
Total annual income \$	Total annual expenses \$

Employment Information

Employer's name and address	Yrs.	Telephone no.
Occupation	Previous employer's name and address	Telephone no.

Data on Spouse

First Name	Initial	Surname	Occupation	Insurance	Date of Birth
Employer's name and address			Yrs.	Telephone no.	

General Information (if you answer YES to any of these questions, please provide details)						
Have you ever had an asset repossessed?	Yes	No	Details			
Are you involved in any claims or lawsuits?	Yes	No				
Have you ever declared bankruptcy?	Yes	No				
Do you owe any back taxes?	Yes	No				
Schedule A: Marketable Securities, Stocks and Bonds						
No. of units/shares	Description	In name of whom	Market value per share	Where quoted or listed	Total market value	Pledged as collateral
						Yes No
						Yes No
						Yes No
Schedule B: Real Estate (1) Primary residence (2) Other						
1. Street name and number			City	Province	Legal description	% ownership
Title in name of	Date acquired (Mo Day Year)	Purchase price	Market value	Gross annual rental income	Net monthly rental income	Annual taxes, insurance, maintenance & misc.
Name of mortgage holder e.g. financial institution			Amount of mortgage		Annual mortgage payments	
1st	2nd		1st \$	2nd \$	1st \$	2nd \$
2. Street name and number			City	Province	Legal description	% ownership
Title in name of (Mo Day Year)	Date acquired	Purchase price	Market value	Gross annual rental income	Net monthly rental income	Annual taxes, insurance, maintenance & misc.
Name of mortgage holder e.g. financial institution			Amount of mortgage		Annual mortgage payments	
1st	2nd		1st \$	2nd \$	1st \$	2nd \$
Schedule C: Individual and Group Life Insurance						
Insurance company		Beneficiary	Face amount	Policy loans	Cash surrender value	
Schedule D: Retirement Accounts (Tax sheltered investments)						
Quantity	Administrator (financial institution, broker etc.)	Description including RRSPs, RHOSPs, DPSPs, pension fund, etc.		In name of whom	Current value per unit	Total current value
Schedule E: Business Interests						
List all business in which you are an owner	% owned	Position/title	Net worth of business	Type of business	Year established	
Schedule F: Bank Loans (Exclude real estate loans)						
Lender	Purpose	Date of loan (Mo. Day Year)	Payment (per Mo/Qtr/Pa)	Collateral description	Original amount	Outstanding balance
Declaration						
The undersigned hereby declare(s) that all the information provided herein and on the accompanying statements is to the best of my/our knowledge true, complete and correct and understand it will be used by Commercial Finance One to determine credit worthiness.						
Per:						(Mo. Day Year)
Signature of applicant		Signature of applicant			Date	