



PERSONAL FINANCIAL STATEMENT

AS AT _____, 20__

| | | | | | | |
|--|--|-------------------------------------|-------------------|-------------------------|-------------|-----------|
| SURNAME | | FIRST NAME | | SOCIAL INSURANCE NUMBER | | DOB |
| SPOUSE'S NAME | | NO. OF DEPENDENTS (EXCL. SPOUSE) | HOME PHONE NUMBER | BUSINESS PHONE NUMBER | OCCUPATION | |
| HOME ADDRESS (STREET, NUMBER AND NAME) | | | CITY | PROVINCE | POSTAL CODE | HOW LONG? |
| PREVIOUS ADDRESS (STREET, NUMBER AND NAME) | | | CITY | PROVINCE | POSTAL CODE | HOW LONG? |
| EMPLOYER'S NAME | | EMPLOYER'S ADDRESS | | | | HOW LONG? |
| PREVIOUS EMPLOYER'S NAME | | PREVIOUS EMPLOYER'S ADDRESS | | | | HOW LONG? |

| ASSETS | | |
|--|---|--|
| CASH | | |
| | | |
| STOCKS | LISTED (SCHEDULE 1) | |
| | UNLISTED (SCHEDULE 1) | |
| BONDS | (SCHEDULE 1) | |
| ACCOUNTS AND NOTES RECEIVABLE (Collectable) | REGULAR (SCHEDULE 4) | |
| | AGREEMENT FOR SALE AND MORTGAGES (SCHEDULE 2) | |
| | RELATIVES AND FRIENDS (SCHEDULE 4) | |
| REAL ESTATE | IMPROVED (SCHEDULE 3) | |
| | UNIMPROVED (SCHEDULE 3) | |
| | LEASE HOLD INTEREST OWNED | |
| RHOSP | | |
| RRSP | | |
| LIFE INSURANCE | CASH SURRENDER VALUE (SCHEDULE 5) | |
| | | |
| OTHER PERSONAL PROPERTY | AUTOMOBILE | |
| | OTHER (ATTACH DETAILS) | |
| TOTAL - A | | |

| LIABILITIES | | |
|---|---|--|
| NOTES PAYABLE TO TRUST COMPANIES OR BANKS | | |
| | OTHER (ITEMIZE - SCHEDULE 4) | |
| OTHER NOTES AND ACCOUNTS PAYABLE | REAL ESTATE LOANS (SCHEDULE 3) | |
| | SALES CONTRACTS & CHAT-TEL MORTGAGES (SCHED. 4) | |
| | LOANS ON LIFE INSURANCE POLICIES (SCHEDULE 4) | |
| | ACCOUNTS PAYABLE | |
| TAXES PAYABLE | CURRENT YEAR'S INCOME TAXES UNPAID | |
| | PRIOR YEAR'S INCOME TAXES UNPAID | |
| | REAL ESTATE TAXES UNPAID | |
| OTHER LIABILITIES | UNPAID INTEREST | |
| | OTHERS (ATTACH DETAILS) | |
| | CREDIT & CHARGE CARDS | |
| | TOTAL - B | |
| NET WORTH (A MINUS B) | | |
| TOTAL | | |

| ANNUAL INCOME | |
|---------------------------------------|--|
| SALARY, WAGES, COMMISSIONS, ETC. | |
| DIVIDENDS AND INTEREST | |
| RENTALS (GROSS) | |
| BUSINESS OR PROFESSIONAL INCOME (NET) | |
| OTHER INCOME (DESCRIBE) | |
| | |
| | |
| TOTAL | |

| ANNUAL EXPENDITURES | |
|--------------------------------------|--|
| PROPERTY TAXES AND ASSESSMENTS | |
| INCOME TAXES | |
| REAL ESTATE LOAN PAYMENTS ON RENT | |
| PAYMENTS ON CONTRACTS OR OTHER NOTES | |
| INSURANCE PREMIUMS | |
| ESTIMATED LIVING EXPENSES | |
| OTHER | |
| TOTAL | |

| | |
|-------------------------|---------------------------------|
| CURRENT BANK AND BRANCH | ACCOUNT/LOAN/MORTGAGE NUMBER(S) |
| | |
| | |

Date Signed: _____ Signature: _____

SCHEDULE 1 – LISTED AND UNLISTED STOCKS AND BONDS OWNED

| NO. OF SHARES OR PAR VALUE OF BONDS | DESCRIPTION | REGISTERED IN NAME OF | LISTED | PRICE | MARKET VALUE |
|-------------------------------------|-------------|-----------------------|--------|-------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL | | | | | |

SCHEDULE 2 – AGREEMENTS FOR SALE AND MORTGAGES RECEIVABLE

| NAME OF PAYOR | LEGAL DESCRIPTION, STREET ADDRESS AND TYPE OF | IMPROVEMENT ORIG. AMOUNT | UNPAID BALANCE | JOINT TENANCY | TERMS | FIRST OR SECOND LIEN | VALUE OF PROPERTY |
|---------------|---|--------------------------|----------------|---------------|-------|----------------------|-------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTAL | | | | | | | |

SCHEDULE 3 – REAL ESTATE OWNED

I = IMPROVED U = UNIMPROVED

| LOCATION OR DESCRIPTION | I or U | TITLE IN NAME OF | DATE PURCHASED | COST | PRESENT VALUE | AGREEMENTS FOR SALE, MORTGAGES OR OTHER LIENS | | | |
|-------------------------|--------|------------------|----------------|------|---------------|---|--------|-----------------|---------|
| | | | | | | UNPAID | RATE % | MONTHLY PAYMENT | HELD BY |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| TOTAL | | | | | | | TOTAL | | |

SCHEDULE 4 – SUPPORTING DETAILS OF RECEIVABLES AND PAYABLES

| RECEIVABLES – NAME OF PAYOR | AMOUNT | MONTHLY PAYMENT | FINAL PAYMENT DUE | DESCRIBE COLLATERAL, IF SECURED |
|-------------------------------|--------|-----------------|-------------------|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| LIABILITIES – TO WHOM PAYABLE | TOTAL | | | |
| | | | | |
| | | | | |
| | | | | |
| | TOTAL | | | |

SCHEDULE 5 – LIFE INSURANCE

| FACE AMOUNT | BENEFICIARY | COMPANY |
|-------------|-------------|---------|
| | | |
| | | |