

PERSONAL NET WORTH STATEMENT (CANADA)

PERSONAL INFORMATION		
Name:	Date of Birth:	Social Security Number:
Address (including city, state & zip code):		
Home Phone:	Work Phone:	Cell Phone:
Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: _____		How long at this address? _____ years, _____ months
Employer:		Employer's Phone:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		Number of Dependents:
Principal Financial Institution:		
Principal Financial Institution Address:		

SPOUSE'S PERSONAL INFORMATION		
Name:	Occupation:	
Employer:	How long with employer? _____ years, _____ months	Work Phone:

FINANCIAL INFORMATION						
AS AT ____/____/____ (dd/mm/yy)						
Assets			Liabilities			
	Value			Balance Owing	Monthly Payment	
Total Chequing	\$		Bank Loans (refer to Schedule D)	\$	\$	
			Accounts Payable (refer to Schedule D)	\$	\$	
Total Savings	\$		Mortgages on Real Estate Owned (refer to Schedule C)	\$	\$	
Life Insurance Cash Value	\$		Monthly Rent Payment	\$	\$	
Automobile: (make/year):	\$		Credit Cards (itemize)	\$	\$	
				\$	\$	
				\$	\$	
Stocks & Bonds (refer to Schedule A)	\$		Other Obligations (itemize)	\$	\$	
				\$	\$	
				\$	\$	
Accounts & Notes Receivable (refer to Schedule B)	\$		Total Monthly Payments	\$		
						\$
						\$
Real Estate (refer to Schedule C)	\$		TOTAL LIABILITIES	\$		
Retirement Accounts	\$		Sundry Personal Obligations			
Other Assets (household goods, etc.)	\$		Are you providing your personal support obligations not listed above (e.g. consignor, endorser, and guarantor)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
						\$
						\$

THIS IS A 5-PAGE FORM.