



PERSONAL NETWORTH STATEMENT

Main Applicant

Full Name: _____ SIN: _____
Date of Birth: _____ Current Address: _____

Direct Phone: _____
Business (Or Employer) Name, Address: _____
Occupation & Years in Business: _____

.....

Co-Applicant Information

Full Name: _____ SIN: _____
Date of Birth: _____ Current Address: _____

Direct Phone: _____
Business (Or Employer) Name, Address: _____
Occupation & Years in Business: _____

ASSETS

Cash & Savings: \$ _____
Term Deposits/G.I.C.: \$ _____
Stocks/Bonds/Mutual Funds: \$ _____
R.R.S.P. /Company Pension: \$ _____
Real Estate - Residence: \$ _____
Real Estate - Investments: \$ _____
Automobiles: \$ _____
Recreational Vehicles: \$ _____
Other : _____ \$ _____

TOTAL ASSETS: \$ _____

LIABILITIES

Total Mortgages - First: \$ _____
Total Mortgages - Second: \$ _____
Bank Lines of Credit: \$ _____
Overdraft Facility: \$ _____
Bank Personal Loans: \$ _____
Credit Cards: \$ _____
Private Loans: \$ _____
Amt of loan cosigned for or guaranteed:
\$ _____
Other: _____ \$ _____

TOTAL LIABILITIES: \$ _____

PERSONAL NET WORTH (ASSETS - LIABILITIES): = _____

DESCRIPTION OF EXISTING ASSETS

Describe your real estate

Property Address	Owner	Valuation	Lender	Mtg Balance

Describe your Cash, Savings, Stocks/Bonds, Term Deposits, G.I.C.'s, RRSP's & other Liquid Assets:

Asset Description	Financial Institution	Value	Maturity

FINANCIAL HISTORY

1. Have you ever had an asset repossessed by a creditor? If yes, explain:

2. Are you involved in any lawsuits or claims that could affect your financial situation? If so, explain:

3. Have you ever-declared bankruptcy? YES () NO () If yes, when? _____
Are you discharged? YES () NO () If not, why? _____
4. Do you have any outstanding liability to the Receiver General, Workers Compensation or Canada Revenue Agency? This applies to Personal & Business.

5. Are you a shareholder, director or stakeholder of any other businesses, corporations, partnerships, proprietorships, etc.? If so, describe the nature of your involvement and/ or interest:

6. Have you given any personal guarantess on any financial transactions in the past or present? If so, to whom:

STATEMENT DECLARATION

The undersigned hereby declares that all information provided herein is true, complete and correct, to the best of my knowledge. I understand that the information contained herein will be used by Chartered Finance to determine financial eligibility. **I further consent to Chartered Finance making any credit and general inquiries necessary in relation to this application and to the disclosure of any credit information about me, to any credit reporting agency, organization or person with whom I have a financial relationship. I consent to Chartered Finance with whom *may* use my information for applicable marketing purposes.**

Witness: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____

Witness: _____ Signature: _____ Date: _____

1-833-882-1881 (office)
1-833-883-1881 (fax)

 www.chartered-finance.com

 Contact@Chartered-Finance.com