



COVID-19 Relief Funding Personal Financial Statement

Name		Birthdate		Social Insurance No.	
Street Address		City		Province	Postal Code
Home Phone No.	Residence Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>		How Long At Present Address? _____ Years _____ Months		
Occupation		Currently Employed By (Include Address)		How Long With Employer? _____ Years _____ Months	
Employer's Phone No.		Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Note: Single Includes Divorced And Widowed		Number Of Dependents _____	
Your Principal Financial Institution And Address					

Personal Data On Your Spouse		<i>Note:</i> Under the laws of Canada or the provinces, your spouse may have a legal interest or obligation arising from your business dealings and may also have an interest in your personal assets	
Spouse's Name	Birthdate	Social Insurance No.	
Occupation	Currently Employed By (Include Address)	How Long With Employer? _____ Years _____ Months	

Financial Information				
Assets	List And Describe All Assets	Liabilities	List Credit Cards, Open Lines Of Credit And Other Liabilities (Including Alimony And Child Support)	
	Value		Balance Owning	Monthly Pmt
Total Chequing Balances	\$	Bank Loans	\$	\$
Total Savings Balances	\$	Real Estate Mortgages	\$	\$
Life Insurance Cash Value	\$	Personal Lines of Credit	\$	\$
Automobile Make Model Year	\$	Car Loans	\$	\$
Stocks & Bonds	\$	Monthly Rent Payment		\$
Accounts/Notes Receivables (Please Itemize)		Credit Cards (Itemize)	Limit	
	\$		\$	\$
	\$		\$	\$
Real Estate Owned(See Sched B, Page 2)	\$		\$	\$
Retirement Accounts (e.g.. RRSPs)	\$	Other Obligations (Please Describe)		
Other Assets (Household Goods, Etc.)	\$		\$	\$
Other (Describe)	\$		\$	\$
Other (Describe)	\$	Total Monthly Payments (Far Right Column)		\$
Total Assets (I)	\$	Total Liabilities (II)	\$	
		Net Worth (I - II)	\$	

Schedule B – Real Estate Owned

Please provide information on your share only of real estate owned. If married, include the assets and liabilities of both yourself and your spouse.

Civic Address And/Or Legal Description	Registered Owners	Year Bought	Purchase Price	Present Value	Mtge Holder or Free & Clear	Monthly Pmts Interest Rate	Balance Owing	Net Monthly Rent Income
			\$	\$		\$	\$	\$
			\$	\$		\$	\$	\$
Total Real Estate Assets & Liabilities		\$	\$		\$	\$	\$	

General Information

Please provide details if you answer yes to any of the following questions

Have you ever had an asset repossessed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please provide dates of filing(s) and discharge(s) below
Are you party to any claims or lawsuits? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you owe any taxes prior this year? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please indicate what amount(s) owing in what year(s)

Details:

Declaration

I/We hereby certify that the information in this Personal Financial Statement is a complete and true declaration. The property values shown above are the fair market values of the properties and the amount of debts is the total potential indebtedness (inclusive of any other loans, credit cards, or other debts for which I/we have signed as a guarantor(s)). I/we confirm that if any statement I/we have made herein or in accompanying materials proves to be incorrect in any way, I/we shall notify the Corporation immediately.

I/We authorize the Corporation to obtain personal credit information about me/us from any source. By executing this statement, I/we acknowledge as notice in writing, the Corporation's intent to obtain this information and I/we authorize each source to provide this information to the Corporation. I/We understand and agree that in order to perform a credit investigation, I/we need not provide my/our Social Insurance Number(s) ("SIN") if I/we can provide alternative identification that is acceptable to the credit reporting agencies. If I/we do provide my/our SIN(s), I/we consent to the Corporation using this information for the limited purpose of performing a credit investigation.

I/We authorize the Corporation to retain this Personal Financial Statement and any financial records, credit and reference reports for the Corporation's records and for reporting to Industry Canada who oversees the Community Futures Program.

I/We confirm receipt of the Corporation's *Privacy Statement* and understand and consent to the Corporation collecting, using, retaining and disclosing the information contained in this Statement of Assets and Liabilities for the limited purpose of determining my/our eligibility for financing as is required by law, and by Industry Canada. I/We understand that the Corporation will handle my/our personal information in strict confidence in accordance with Federal privacy law as set out in the Corporation's *Privacy Policy*. If I/we have any questions or concerns about the management of my/our information, I may refer to the *Privacy Policy* at www.perthofdc.ca, or contact the Chief Privacy Officer.

Applicant Signature	Date Signed
Applicant Signature	Date Signed
Applicant Signature	Date Signed
Applicant Signature	Date Signed