Community Futures Centre West

Personal Statement of Affairs

Full Name:		Home Phone:_____ Work Phone: _____		
S.I.N.		Fax Phone: _____ Cell Phone: _____		
Birth Date: Day ____ Month _____ Year _____		E-mail: _____		
☐ Single ☐ Common-Law ☐ Widowed ☐ Married ☐ Divorced ☐ Separated				Dependants:
Present Address: City Province			Postal Code	How Long?
Previous Addresses in the past 5 years (use reverse if necessary):				
Present Employer:	Position:	Work #:	Mo. Income:	How Long?
Previous Employer (s) in the past 5 years:				
Spouse's Name:	Birth Date: Day _____ Month _____ Year _____			
S.I.N.				
Spouse's Employer:	Occupation:	Work #:	Mo. Income:	How Long?
Spouse's Previous Employer				
Source of other Income:				
Relative: Name	Address:		Relationship:	Phone #:
Relative: Name	Address:		Relationship:	Phone #:
Relative: Name	Address:		Relationship:	Phone #:
LandLord:		Phone #:	Rent Payment:	
INSURANCE: Do you need life insurance? ☐ Yes ☐ No	If no, please state name of Insurance Company and Life Agent: Company Name: _____ Life Agent: _____			

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What You Own (List and Describe All Assets)		**What You Owe**		
DESCRIPTION	***CASH***	***COMPANY***	***TOTAL OWING***	***PAYMENT (MONTH)***
Cash on Hand/Deposit:		Credit Cards:		
Bank or Trust:				
Name:				
Name:				
RRSP's Where?				
Stocks, Bonds, Etc.:				
Vehicles (Describe with Year and Model)l		Bank Loans		
1)		1.		
2)		2.		
3)		3.		
4)		4.		
5)		5.		
Other Assets		Other Liabilities (Parents, Co-signer, Legal Claims, etc.):		
Real Estate: 1.		Mortgage(s):		
2.				
		Monthly Rent Payable:		
Household (insured value):		Taxes Owing (please specify):		
Life Insurance (value):		Revenue Canada		
		Other (please describe):		
Total Assets:	$ 0	**Total Liabilities (add O/S column):**	$ 0	

NET WORTH = $ _____ (NET WORTH = Total Assets – Total Liabilities)

I here by certify that the information provided is correct and permission is hereby granted for Community Futures Centre West (CFCWest) to conduct a credit investigation.

_____ _____

Signature **Date**

_____ _____

Signature **Date**

Additional Information that you feel may be applicable (include contingent liabilities), please add to the back of this form.