



**THE GUARANTEE COMPANY
OF NORTH AMERICA**

YOUR PERSONAL FINANCIAL STATEMENT

Name		Date of Birth		Social Insurance No.	
Street Address			City	Province	Postal Code
Home Phone No. ()	Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent		How long at present address? Years		
Occupation	Currently employed by		How long with employer? Years Months		
Employer's Phone No. ()	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (divorced, widowed)		Number of dependents		
Spouse's Name		Date of Birth		Social Insurance No.	

FINANCIAL INFORMATION		As at	20
ASSETS		LIABILITIES	
	VALUE		BALANCE
CASH ON HAND Bank of	\$	BANK LOANS Bank of	\$
Address:		Address:	
AUTOMOBILE MODEL YEAR		MORTGAGES ON REAL ESTATE OWNED	
STOCKS & BONDS (See Schedule A on reverse)			
ACCOUNTS, NOTES RECEIVABLE		CREDIT CARDS	
REAL ESTATE OWNED (See Schedule B on reverse)			
RETIREMENT ACCOUNTS		OTHER OBLIGATIONS	
OTHER ASSETS (Household Goods, etc.)			
LIFE INSURANCE FACE VALUE \$		TOTAL LIABILITIES	
CASH SURRENDER VALUE		NET WORTH	
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

INCOME SOURCES		SUNDRY PERSONAL OBLIGATIONS	
YOUR GROSS MONTHLY SALARY	\$	Are you providing your personal support for obligations not listed above (i.e. cosigner, endorser, guarantor)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
YOUR SPOUSE'S GROSS MONTHLY SALARY	\$	Details	
NET MONTHLY RENTAL	\$		
OTHER INCOME (Please itemize)	\$		

SCHEDULE A – STOCKS AND BONDS

QUANTITY	DESCRIPTION	MARKET VALUE	PLEGGED AS COLLATERAL	
			YES	NO
		\$		
	TOTAL	\$		

SCHEDULE B – REAL ESTATE OWNED

PROPERTY ADDRESS		TYPE OF PROPERTY	PRESENT MARKET VALUE	AMOUNT OF MORTGAGE LIENS	
STREET		<input type="checkbox"/> Residential <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	\$	1st	\$
CITY	PROVINCE			2nd	\$
NAME OF MORTGAGE HOLDER(S)		FIRST MORTGAGE	SECOND MORTGAGE		
PERCENTAGE OWNERSHIP	%	DATE ACQUIRED	PURCHASE PRICE		
PROPERTY ADDRESS		<input type="checkbox"/> Residential <input type="checkbox"/> Multi-Unit <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	\$	1st	\$
CITY	PROVINCE			2nd	\$
NAME OF MORTGAGE HOLDER(S)		FIRST MORTGAGE	SECOND MORTGAGE		
PERCENTAGE OWNERSHIP	%	DATE ACQUIRED	PURCHASE PRICE		

GENERAL INFORMATION

Have you ever had an asset repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date
Are you party to any claims or lawsuits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you owe any taxes prior to the current year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Details	
Date 20	_____ Signature

PLEASE DO NOT FORGET TO ATTACH, IF APPLICABLE, THE FOLLOWING DOCUMENTS:

- Copy of the property tax billing
- Copy of banking statements confirming the balances