COMMUNITY FUTURES SOUTH GEORGIAN BAY

PERSONAL FINANCIAL STATEMENT

Name:	Date of Birth:	S.I.N. # (optional):	
Address:	City & Province:	Postal Code:	
Drivers License:	Phone #:	Residence: Own rent How long:	
Occupation:	Currently Employed by:	Previous Address:	
Employer's Phone #:	How Long:	Previous Employer:	
	Marital Status:	# of Dependents:	
Personal Data on Spouse (Optional)	Under the laws of Canada or the provinces your spouse may have legal interest/obligation arising from your business dealings and may also have an interest in your personal assets.		
Spouse's Name:	Date of Birth:	S.I.N # (optional):	
Occupation:	Spouse currently employed by:		
How long with employer:	Employer's Phone #:		

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ASSETS	LIAE	LIABILITIES		
List and describe all assets	List credit cards, lines of credit a	List credit cards, lines of credit and other liabilities including		
	alimony and child support			
ļ		BALANCE	MONTHLY	
VALU		OWING	PAYMENT	
Balance in Bank Accounts	Bank Loans			
Vehicles: Make/Model/Year	Line of Credit			
Accounts/Notes Receivable-itemize	Mortgages (see Schedule A)			
Real Estate Owned (Also complete Schedule A)	Property Tax Arrears			
Bonds/RRSPs/GICs/Mutual Funds	Rent Payment			
Other Assets (boats, snowmobiles, etc.)	Credit Cards-itemize:			
Total Assets	Other Debt Obligations			
INCOME SOURCES	Total Monthly Payment			
Your Gross Monthly Salary	Total Liabilities			
Spouse's Gross Monthly Salary	Net Worth			
	(Total Assets -Total Liabilities)			
Monthly Rental Income				
(from Schedule A)				
Other Income Please Specify				
TOTAL (of Income Sources)				

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

COMMUNITY FUTURES SOUTH GEORGIAN BAY Real Estate - Schedule A

Residential Property

Physical Address	•	Registered Owner
		Month/Year Acquired
Legal Description		
Present Market Value	Percent Owned	Purchase Price
Taxes Annual	Taxes included in mortgage payment? Yes No	Rental Income (if applicable)
Balance of 1st Mortgage	Monthly Payment	
Name & Address of Mortgage Hol	lders	
Balance of 2nd Mortgage	Monthly Payment	
Name & Address of Mortgage Hol	lders	
	Commercial Property	
Physical Address		Registered Owner
		Month/Year Acquired
_egal Description		
Present Market Value	Percent Owned	Purchase Price
Taxes Annual	Taxes included in mortgage payment? Yes No	Rental Income (if applicable)
Balance of 1st Mortgage	Monthly Payment	
Name & Address of Mortgage Hol	lders	
Balance of 2nd Mortgage	Monthly Payment	

If other property is owned, please attach details as indicated above, rental income and expenses (if applicable).

BUSINESS LOAN APPLICATION

Name & Address of Mortgage Holders

COMMUNITY FUTURES SOUTH GEORGIAN BAY

OTHER PERSONAL INFORMATION	Yes	No
I would like to be added to the Community Futures South Georgian Bay E-Newsletter list to		
receive information about business support services, community resources and events.		
(You will have the option to unsubscribe at any time)		
I certify that I am a Canadian Citizen or Landed Immigrant.		
Are you a cosigner/endorser/guarantor of someone else's debt?		
Have you made an assignment or been petitioned into bankruptcy? Are there writs registered		
against your name?	-	
Have you ever had an asset repossessed?		
A	+	
Are you party to a claim or law suit?		
Do you owe any income taxes prior to the current year?	1	
If yes please provide a dollar amount:		
ii yes piease provide a donar amount.		
Are you currently the subject of a litigation before a court, tribunal, government board or agency,		
or is there a threat of such litigation?		
Are there unexecuted judgment(s) registered against you?		
If yes to any question above, please provide details:		

Disclosure and Release Statement

- To Community Futures South Georgian Bay (Corporation)
- 1. I, hereby certify that the information contained in this application is a complete and true. 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 have signed as a guarantor). If any statement I have made herein or in accompanying materials proves to be incorrect in any way, I shall notify the Corporation immediately.
- 2. The Corporation uses and retains personal information for only those purposes to which the individual has consented. Personal information will be disclosed to only those Corporation employees, volunteer members of committees and/or Board of Directors that need to know the information for the purposes set out in the Corporation's Privacy Policy. I understand that the Corporation will handle my personal information in strict confidence in accordance with Federal privacy law. If I have any questions or concerns about the management of my information, I may refer to the Privacy Policy, available at www.cfsouthgeorgianbay.ca or contact the Chief Privacy Officer.
- 3. I authorize the Corporation to obtain personal credit information about me from any source. By executing this statement, I acknowledge as notice in writing, the Corporation's intent to obtain this information and I authorize each source to provide this information to the Corporation.
- 4. I understand and agree that in order to perform a credit investigation, I need not provide my Social Insurance Number ("SIN") if I can provide alternative identification that is acceptable to the credit reporting agencies. If I do provide my SIN, I consent to the Corporation using this information for the limited purpose of performing a credit investigation.
- 5. I authorize the Corporation to retain this Statement of Personal Assets and Liabilities and any financial records, credit and reference reports for the Corporation's records and reporting to the Federal Economic Development Agency for Southern Ontario (FedDev), who oversees the Community Futures Program.
- 6. The Applicant further understands and consents to the Corporation publicizing the Applicant's business venture if the Applicant is successful in obtaining financing from the Corporation, which may or may not include personal information such as the name of the Applicant.

DATED at	thisday of	, 20	
Witness	Signature		
Witness	Signature of Spouse (if applicable)	Signature of Spouse (if applicable)	