PERSONAL STATEMENT OF AFFAIRS



PERSONAL INFORMATION

First name				
Middle name				
Family name				
Social Insurance number				
Date of birth (m/d/y)				
Address				
City	Pro	ovince		
Postal Code	Length of time at that address			
Phone #	Fax#	Cell #		
Email Address				
Previous address if less than 2 years				

LIABILITIES		BALANCE OWING	MONTHLY PAYMENT
Student loan			
Line of credit			
Bank overdraft			
Mortgage balance			
Mortgage balance			
Bank loan			
Credit cards (itemize)			
Credit cards (itemize)			
Credit cards (itemize)			
TOTAL LIABILITIES	\$_		
TOTAL NET WORTH (Assets minus Liabilities)	\$_		

PERSONAL NET WORTH. PLEASE PROVIDE DETAILS OF YOUR CURRENT PERSONAL FINANCES.

PERSONAL BUDGET	MONTHLY
Projected drawings or salary (gross)	
Spousal income	
Other income	

Total Household Income [A]

Rent or mortgage payment	
Property taxes	
Utilities and phones	
Auto, travel expenses (fuel), maintenance	
Food	
Daycare	
Other expenses, medical, child support	
Current debt payments (excluding mortgage)	
Proposed commercial loan payment	

Total Household Expenses [B]

Disposable Income / Surplus [A - B = C]



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PERSONAL INFORMATION	Fire insurance coverage		
Marital status No of dependents, including spouse	Insurance Policy issued by		
Residence 🗆 Own 🗆 Rent 🗆 Other	OTHER OBLIGATIONS AMOUNT		
Bank or Credit Union		YES/NO AMOUNT	
Address	Are you an endorser, guarantor or co-signer for obligations not listed?		
CURRENT EMPLOYMENT INFORMATION	Does the business owe any back taxes? (i.e. sales tax, income tax, etc.)		
Employer's name and address	Is the business a party to any claim or lawsuit?		
	Has the business ever declared bankruptcy?		
# years Phone # Occupation	If you answered "Yes" to any of the above,	please provide details:	
Previous Employer			
# years Phone # Occupation	INDIVIDUAL LIFE INSURANCE		
SPOUSAL INFORMATION	Life Insurance Company		
SPOUSAL INFORMATION	Name of Beneficiary		
First nameMiddle name	Policy Value + Type		
Family name	Policy Loan(s) Amount		
Date of Birth (m/d/y) Social Insurance #	DECLARATION		
Employer's name and address	The borrower is: 🗌 Metis 🗌 Non-status Aboriginal	🗖 Inuit	
# years Phone # Occupation	I hereby authorize the Louis Riel Capital Corporation to obtain from and share with persons or organizations, public or private, any information necessary to determine credit worthiness. I certify that all the information provided herein is to the best of		
PRIMARY RESIDENCE	I hereby grant permission to Indian & Norther Affairs Canada or it's successors to have access to related files located at the Louis Riel Capital Corporation for the purpose of reporting, monitoring and evaluating.		
Address or legal description	In consideration of the Privacy Act of Manitoba and/or Cana Louis Riel Capital Corporation to conduct investigations assessment of this and any future loan applications and in administration and/or collections of such loans, I also author to exchange credit information with other institutions at	as it deems necessary for the the case of loans granted, in the ize Louis Riel Capital Corporation	
City / Municipality Province	sole discretion and agree that any authorization given by me to another institution does not obligate Louis Riel Capital Corporation to exchange information with said other institution. All		
Title in name of	information submitted/acquired is the property of LRCC and (10) years from date of last account activity.	l will remain on file for up to ten	
Date purchased			
Purchase Price	APPLICANT SIGNATURE	DATE	
Current Market Value			
Mortgage balance owing			
Name of mortgage holder	SPOUSE SIGNATURE	DATE	
Annual Mortgage Payments			