

Personal Statement of Affairs



PERSONAL INFORMATION

First name			
Middle name			
Family name			
Social Insurance number			
Date of birth (m/d/y)			
Address			
City Province			
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 Ioan			
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.

ASSETS	VALUE
Cash on hand	
Cash in the bank	
RRSP & savings	
Family residence	
Other real estate	
Auto & truck	
Model/year	
Model/year	
Investments	
Recreation vehicles	
Other assets	

TOTAL ASSETS

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]

\$





PERSONAL INFORMATION		Fire insurance coverage		
		Insurance Policy issued by		
Marital status No of	dependents, including spouse			
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 II	NFORMATION	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		
SPOOSAL INFORMATION		Name of Beneficiary		
First name	_Middle 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 Aborigin.	al 🗖 Inuit	
		I hereby authorize the Louis Riel Capital Corporation	to obtain from and share with	
# years Phone #	_ Occupation	persons or organizations, public or private, any information pro- credit worthiness. I certify that all the information pri my knowledge true, complete and correct and undersi Louis Riel Capital Corporation to determine credit w loan applied for will be used for business purposes and household purposes.	ovided herein is to the best of tand that it will be used by the orthiness. The proceeds of the	
PRIMARY RESIDENCE		I hereby grant permission to Indian & Norther Affairs C access to related files located at the Louis Riel Capital reporting, monitoring and evaluating.		
Address or legal description		In consideration of the Privacy Act of Manitoba and/or Can Louis Riel Capital Corporation to conduct investigation: assessment of this and any future loan applications and in administration and/or collections of such loans, I also autho to exchange credit information with other institutions a	s as it deems necessary for the n the case of loans granted, in the prize 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 ar (10) years from date of last account activity.	nd 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				