



MONTHLY

BALANCE

PERSONAL INFORMATION

		OWING	PAYMENT
First name	— Student loan		
Middle name	Line of credit		
amily name	Bank overdraft		
Social Insurance number	Mortgage balance		
Date of birth (m/d/y)	Mortgage balance		
Address	Bank loan		
City Province	Credit cards (itemize)		
Postal Code Length of time at that address	Credit cards (itemize)		
Phone # Fax# Cell #	Credit cards (itemize)		
Email Address		š	
Previous address if less than 2 years	TOTAL NET WORTH (Assets minus Liabilities)	Š	

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	ON	Fire insurance coverage		
Marital status No	of dependents, including spouse	Insurance Policy issued by		
		_		
Residence	☐ Rent ☐ Other	OTHER OBLIGATIONS AMOUN	Т	
Bank or Credit Union		-	YES/NO	AMOUNT
Address		Are you an endorser, guarantor or co-signe		AMOUNT
/ ldulc33		obligations not listed?		
CURRENT EMPLOYMENT	T 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 laws	uit?	
		Has the business ever declared bankruptcy	?	
# years Phone #	Occupation	If you answered "Yes" to any of the a	above, please pr	ovide details:
Previous Employer		-		
# years Phone #	Occupation	INDIVIDUAL LIFE INSURANCE		
SPOUSAL INFORMATION	N.	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	SS			
Employer smarrie and address		The bollower is. Netis Not status / N		n and chara with
		I hereby authorize the Louis Riel Capital Corporersons or organizations, public or private, and	y information necess	ary to determine
# vears Phone #	Occupation	credit worthiness. I certify that all the informa my knowledge true, complete and correct and I	understand that it w	ill be used by the
, ea.e <u> </u>		 Louis Riel Capital Corporation to determine or loan applied for will be used for business purpo household purposes. 		
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	n	In consideration of the Privacy Act of Manitoba and/or Canada, I hereby irrevocably authorize Louis Riel Capital Corporation to conduct investigations as it deems necessary for the assessment of this and any future loan applications and in the case of loans granted, in the administration and/or collections of such loans, I also authorize Louis Riel Capital Corporation		
	Province	information submitted/acquired is the property of LRCC and will remain on file for up to ten		
Title in name of		(10) years from date of last account activity. –		
Date purchased				
Purchase Price		APPLICANT SIGNATURE	DA	TE
Current Market Value				
Mortgage balance owing				
Name of mortgage holder		SPOUSE SIGNATURE	DA	TE
Annual Mortgage Payments				