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**EDMONTON**  
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**HALIFAX**  
Westway 2, 120 Western  
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Bedford, NS B4B 0V2  
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**WOODSTOCK**  
954 Dundas Street  
Woodstock ON N4S 7Z9  
Tel: (519)539-9868  
Fax: (519)539-5524

## NET WORTH STATEMENT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

(Street Address) \_\_\_\_\_ (City) \_\_\_\_\_ (Province) \_\_\_\_\_ (Postal Code) \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Residence:  Own  Rent How long at present address: \_\_\_\_\_ years

Occupation: \_\_\_\_\_ Employed by: \_\_\_\_\_ How long with employer: \_\_\_\_\_ years \_\_\_\_\_ months

Employers Phone Number: \_\_\_\_\_  Married  Unmarried (*Divorced, Widowed*) Number of Dependents: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Insurance Number: \_\_\_\_\_

FINANCIAL INFORMATION		As at _____, 20____	
ASSETS		LIABILITIES	
	VALUE		BALANCE
Cash on Hand	\$	Bank Loans	\$
Bank of:		Bank of:	
Address:		Address:	
Automobile Model:	\$	Mortgages on Real Estate Owned	\$
Year:		Credit Cards:	\$
Stocks & Bonds (See Schedule A on Reverse)	\$	Other Obligations:	\$
Accounts, Notes Receivables	\$	Total Liabilities	\$
Real Estate Owned (See Schedule B on Reverse)	\$	Net Worth	\$
Retirement Accounts	\$	<b>Total Liabilities and Net Worth</b>	<b>\$</b>
Other Assets (Household Goods, etc.)	\$		
Life Insurance Face Value	\$		
Cash Surrender Value	\$		
<b>Total Assets</b>	<b>\$</b>		

  

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	\$	
Net Monthly Rental	\$	
Other Income	\$	
		Details:

SCHEDULE A – STOCKS AND BONDS				
Quantity	Description	Market Value	Pledged as Collateral	
			YES	NO
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>
		\$	<input type="checkbox"/>	<input type="checkbox"/>

SCHEDULE B – REAL ESTATE OWNED					
Property Address	Type of Property	Present Market Value	Amount of Mortgage Liens		
(Street)	<input type="checkbox"/> Residential	\$	1 <sup>st</sup>	\$	
(City) (Prov.)	<input type="checkbox"/> Multi-Unit		2 <sup>nd</sup>	\$	
	<input type="checkbox"/> Commercial				
	<input type="checkbox"/> Industrial				
<b>Name of Mortgage Holders</b>		First Mortgage:	Second Mortgage:		
Percentage Ownership:	%	Date Acquired:	Purchase Price:	\$	

Property Address	Type of Property	Present Market Value	Amount of Mortgage Liens		
(Street)	<input type="checkbox"/> Residential	\$	1 <sup>st</sup>	\$	
(City) (Prov.)	<input type="checkbox"/> Multi-Unit		2 <sup>nd</sup>	\$	
	<input type="checkbox"/> Commercial				
	<input type="checkbox"/> Industrial				
<b>Name of Mortgage Holders</b>		First Mortgage:	Second Mortgage:		
Percentage Ownership:	%	Date Acquired:	Purchase Price:	\$	

GENERAL INFORMATION					
Have you ever had an asset reposed? <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