



SIMON WAKEFIELD
 Phone: 416-499-6879 ext. 230
 Fax: 416-499-6200
 Toll Free Phone: 1-800-463-2081
 Toll Free Fax: 1-866-499-6200

CANADIAN PERSONAL NET WORTH STATEMENT

SURNAME		GIVEN NAME		BIRTH DATE	SIN
ADDRESS		CITY	PROVINCE	POSTAL	TELEPHONE
OCCUPATION		NAME OF EMPLOYER			SINCE
EMPLOYER'S ADDRESS		CITY	PROVINCE	POSTAL	TELEPHONE
NAME OF SPOUSE				BIRTH DATE	SIN
SPOUSE'S OCCUPATION		NAME OF EMPLOYER			SINCE
EMPLOYER'S ADDRESS		CITY	PROVINCE	POSTAL	TELEPHONE

Do you own a business or proprietorship? (please list)- _____
 Number of dependants- _____
 Name, address and phone of mortgage holder or landlord- _____
 Time at current address (if <3yrs include previous address)- _____

<i>ASSETS</i>	<i>AMOUNT</i>	<i>LIABILITIES</i>	<i>AMOUNT</i>
CASH		OTHER FINANCIAL INSTITUTIONS	
REAL ESTATE		REAL ESTATE MORTGAGES	
STOCK & BONDS		REAL ESTATE LOAN PAYMENTS	
VEHICLES		OTHER LIABILITIES	
RRSP's			
LIFE INSURANCE-NET C.S.V		OTHER- (PLEASE SPECIFY)	
OTHER- (PLEASE SPECIFY)			
TOTAL ASSETS		TOTAL LIABILITIES	

<i>GROSS ANNUAL INCOME</i>	<i>AMOUNT</i>	<i>ANNUAL EXPENDITURES</i>	<i>AMOUNT</i>
SALARY, WAGES, COMMISSIONS		RENT	
DIVIDENDS AND INTEREST		INCOME TAXES	
RENTAL INCOMES		PAYMENTS ON LOANS, CHARGE ACCOUNTS	
BUSINESS/PROFESSIONAL INCOME		INSURANCE PREMIUMS	
SPOUSE'S INCOME		ESTIMATED LIVING EXPENSES	
OTHER- (PLEASE SPECIFY)		OTHER- (PLEASE SPECIFY)	
TOTAL GROSS INCOME		TOTAL EXPENDITURES	

I CERTIFY THAT THE ABOVE STATEMENT OF MY PROPERTY AND DEBTS IS TRUE, I DECLARE THAT NEITHER MY SPOUSE NOR ANY OTHER PERSON HAS ANY CLAIM IN OR TO THE ASSETS SHOWN ABOVE EXCEPT AS SET OUT HEREIN. THE WHOLE OF MY PROPERTY IS SHOWN AS A FAIR EVALUATION. I AM NOT BEING SUED AND THERE ARE NO EXECUTIONS AGAINST ME, NOR DO I OWE ANYTHING TO ANY OTHER CREDITOR EXCEPT AS REPORTED ABOVE IS INCORRECT IN ANY PARTICULAR. I HEREBY AGREE THAT ALL MY PRESENT AND FUTURE INDEBTEDNESS TO AND ALL NOTES, BILLS OF EXCHANGE AND OTHER INSTRUMENTS NOW OR HEREAFTER REPRESENTING THE SAME OR ANY PART THEREOF SHALL FORTHWITH BECOME DUE AND PAYABLE.

I AUTHORIZE THE LESSOR TO OBTAIN SUCH FACTUAL AND INVESTIGATIVE INFORMATION REGARDING ME FROM OTHERS AS PERMITTED BY LAW, TO FURNISH OTHER CONSUMER CREDIT GRANTORS AND CREDIT BUREAUS PARTICULARS OF THE CREDIT APPLICATION AND SUBSEQUENT CREDIT EXPERIENCE, IF APPLICABLE, AND TO RETAIN THIS APPLICATION FOR THE LESSOR'S RECORDS.

SIGNATURE: _____

SIGNATURE OF SPOUSE: _____