

## Personal Statement of Affairs

Full Name:		Home Phone: _____ Work Phone: _____	
S.I.N.		Fax Phone: _____ Cell Phone: _____	
Birth Date: Day ____ Month _____ Year ____		E-mail: _____	
<input type="checkbox"/> Single <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			Dependants:
Present Address:		City	Province
		Postal Code	How Long?
Previous Addresses in the past 5 years (use reverse if necessary):			
Present Employer:	Position:	Work #:	Mo. Income:
How Long?			
Previous Employer (s) in the past 5 years:			
Spouse's Name:		Birth Date: Day _____ Month _____ Year _____	
S.I.N.			
Spouse's Employer:	Occupation:	Work #:	Mo. Income:
How Long?			
Spouse's Previous Employer			
Source of other Income:			
Relative: Name	Address:		Relationship: Phone #:
Relative: Name	Address:		Relationship: Phone #:
Relative: Name	Address:		Relationship: Phone #:
Landlord:		Phone #:	Rent Payment:
Have you ever declared Bankruptcy or lodged a Proposal under the Bankruptcy and Insolvency Act?		<input type="checkbox"/> Yes _____ / _____ <small>Month Year</small>	
		<input type="checkbox"/> No	

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What You Own (List and Describe All Assets)		What You Owe		
DESCRIPTION	CASH	COMPANY	O/S	PAYMENT
Cash on Hand/Deposit:	\$	Credit Cards:	\$	\$
Bank or Trust:				
Name:				
Name:				
RRSP's Where?				
Stocks, Bonds, Etc.:				
Vehicles (Describe with Year and Model)		Bank Loans		
1)		1.		
2)		2.		
3)		3.		
4)		4.		
5)		5.		
Other Assets		Other Liabilities (Parents, Co-signer, Legal Claims, etc.):		
Real Estate: 1.		Mortgage(s):		
2.				
		Monthly Rent Payable:		
Household (insured value):		Taxes Owing (please specify):		
Life Insurance (value):		Revenue Canada		
		Other (please describe):		
<b>Total Assets:</b>	\$	<b>Total Liabilities (add O/S column):</b>	\$	
<b>NET WORTH = \$ _____ (NET WORTH = Total Assets – Total Liabilities)</b>				
I here by certify that the information provided is correct and permission is hereby granted for Entre-Corp Business Development Centre Ltd. to conduct a credit investigation.				
_____ <b>Signature</b>		_____ <b>Date</b>		
_____ <b>Signature</b>		_____ <b>Date</b>		

Additional Information that you feel may be applicable (include contingent liabilities), please add to the back of this form.