

PERSONAL BALANCE SHEET / APPLICATION FOR FINANCING

In which official language do you prefer to receive correspondence? <input type="checkbox"/> English <input type="checkbox"/> French		Date of application:	
Have you approached your financial institution to obtain financing on reasonable terms and conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, where?		What is the status? 1. Pending 2. Turned down 3. Approved 4. Conditional	
Purpose of Loan		Amount of Loan Requested	Applying under the following program(s):
Last Name	First Name	Middle Name(s)	Social Insurance Number
Phone Number	Home	Business	Cellular
Home Address (Street) (City) (Postal Code)			Fax
			Email
How long at this address?			Own
Yrs			Rent
Mos			Rent \$
Previous Address (if less than 3 yrs at present address)			Name, Address and Tel. of landlord (if renting)
Present Employer	Address		Job Status 1 Permanent 2 Temporary
Job Title	Description		3 Seasonal Worker 4 Part Time 5 No Job
Previous Employer (if less than 3yrs with present)	Address		Job Status 1 Permanent 2 Temporary
Job Title	Description		3 Seasonal Worker 4 Part Time 5 No Job
Other sources of income:	Amount per year: \$	per month: \$	Details:
Marital Status: Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Number of dependants (Including Spouse)		
Single <input type="checkbox"/> Seperated <input type="checkbox"/> Common Law <input type="checkbox"/>			
Spouse's Surname	Spouse's First and middle name(s)		Social Insurance Number
Spouse's Employer	Address		Date of Birth
Phone #	Job Title	Description	Phone
			Since
			Salary
IF MARRIED OR COMMON LAW INCLUDE ASSETS AND LIABILITIES OF BOTH			
ASSETS		LIABILITIES	
Cash		Demand / Term Loans	Payment Balance
\$		\$	\$
\$		\$	\$
Investments		Credit Card / Personal line of credit	Balance
\$		\$	\$
\$		\$	\$
Household & Personal		Mortgage Loans	Payment Balance
\$		\$	\$
\$		\$	\$
Life Insurance (Cash Surrender Value)			
\$			
Automobile	Current Value		
Year	Model		
\$			
\$			
Personal Residence			
\$			
Other Real Estate		Other Liabilities	\$
\$			
\$			
Other Assets		Subtotal	\$
\$			
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
Details:		NET VALUE (ASSETS - LIABILITIES)	\$
		TOTAL	\$
Have you ever had an asset repossessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you carry Life Insurance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever declared bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you party to any claims or lawsuits?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Amount \$	
Do you owe any taxes prior to the current year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this a Cash value <input type="checkbox"/> or Term <input type="checkbox"/>	

BUSINESS INFORMATION

If you currently own, or represent, an existing business that is applying for financing, please complete the following:

Company Name		Business Phone #		Fax #		Cellular #			
Civic Address			Mailing Address			Major Activity of the Business			
Home based business?			Fiscal year end			Business Status			
How long have you been in business?				Year Established		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal			
Previous Address (if less than 3yrs at present address and how long)				Web Address					
				Email Address					
<input type="checkbox"/> Proprietorship		<input type="checkbox"/> Partership		<input type="checkbox"/> Incorporated		<input type="checkbox"/> To be Incorporated		<input type="checkbox"/> Nonprofit	
	Name		Address		Phone Number		Fax Number		
Lawyer									
Accountant									
Banks									
Is the business providing support for obligations not listed on its financial statement?						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Is the business party to any claim or lawsuit?						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Has the business ever sought legal protection from its creditors?						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Does the business owe any statutory creditors? (ie. HST, payroll remittance's, income tax, WCB, employment standards...)						Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Details on the above:						If Yes, amunt owed:\$ _____			
						Owed to: _____			
Shareholders / Partners Names		Percentage ownership		Partnership		Percentage ownership			

I understand that in order to process my application, the CBDC requires my personal information. I hereby consent to this information being collected, used by the CBDC and disclosed to third parties, including; but not limited to, Banks, Caisses Populaires or Credit Unions, credit reports agencies, insurance companies, lawyers, provincial and/or federal government, accountants, business consultants, training consultants and affiliated CBDCs, for the purpose of facilitating the assessment and approval of my application, as well as facilitating payment of loans, determining my eligibility for assistance programs, and providing me with information about training and development opportunities. I acknowledge having received a copy of the Summary of the CBDCs Privacy Policy. I authorize the CBDC to keep my personal information in my file for a period of 8 years after the last transaction in my file. I, the undersigned, consent to the CBDC's use of electronic mail to transfer or disclose my personal information, including my financial information to a third party. I understand that email is not entirely secure and that copies of my personal information may be kept by my CBDC's Internet service provider.

If you have concerns over issues such as potential conflict of interest, and potential biases such as those based on gender, age or religion, please contact the Executive Director at 473-6446 or at denise.lagacerieux@cbdc.ca

NB Our Privacy is available on our website at www.cbdc.ca

Signature

Signature

Please Print Name

Please Print Name

Date

Date