

# CONSUMER PROFILE

Account Holder No: \_\_\_\_\_ Loan No: \_\_\_\_\_  
 Applicant CIF No: \_\_\_\_\_ Date: \_\_\_\_\_  
 Co-Applicant CIF No: \_\_\_\_\_

## PERSONAL INFORMATION

Applicant Legal Name in Full		Date of Birth	S.I.N.	Marital Status	No. of Dependents	Dependent Ages	Smoker
Spouse Legal Name in Full		Date of Birth	S.I.N. (must be provided and acknowledged by Spouse)				Smoker
Applicant Present Address						How Long	
Occupancy	Home Phone Number	Work Phone Number	Cellular Number	E-mail Address			
Applicant Previous Address (if less than 3 years)						How Long?	
Applicant Previous Address						How Long?	

## EMPLOYMENT INFORMATION

Applicant Primary Occupation	Employer	Since	FT/PT	Mon/Ann Gross Earnings	Business Phone No.
Applicant Other Income (if applicable)	Employer	Since	FT/PT	Mon/Ann Gross Earnings	Business Phone No.
Previous Occupation (if less than 3 years)	Employer			How Long?	Business Phone No.
Spouse Primary Occupation	Employer	Since	FT/PT	Mon/Ann Gross Earnings	Business Phone No.
Spouse Other Income (if applicable)	Employer	Since	FT/PT	Mon/Ann Gross Earnings	Business Phone No.
Previous Occupation (if less than 3 years)	Employer	From	To		Business Phone No.

## CONTACTS

Contact	Relationship	Phone
Address		
Contact	Relationship	Phone
Address		

Comments	
Amount of Loan: \$ _____	Purpose

# PERSONAL NET WORTH STATEMENT

ASSETS		LIABILITIES					
DESCRIPTION	ESTIMATED VALUE	CREDITOR <small>(check if used in debt service)</small>	EXPIRY DATE	PAYMENT <small>FREQ AMT</small>		MONTHLY PAYMENT	BALANCE OWING
<b>Chequing / Saving</b>							
<b>Investment / RRSP</b>							
<b>Automobile / Recreational</b>							
<b>Home / Properties</b>							
<b>Other Assets</b>		<b>Other Liabilities (child support, alimony, contingent liabilities, Leases)</b>					
<b>TOTAL ASSET VALUE</b>		<b>Overdraft Protection/LOC</b>		<b>Limit</b>	<b>Payment</b>	<b>Balance</b>	
Total Assets \$ _____							
Minus							
Total Liabilities \$ _____		<b>Credit Cards</b>		<b>Limit</b>	<b>Payment</b>	<b>Balance</b>	
Equal							
Net Worth \$ _____							
GDS = $\frac{\text{Shelter} + \text{Taxes}}{\text{Gross Income}} \times 100 =$ _____							
TDS = $\frac{\text{Total Payments}}{\text{Gross Income}} \times 100 =$ _____							
		<b>TOTAL LIABILITIES</b>				<b>\$</b>	<b>\$</b>

**COMMENTS:**

I hereby affirm that the above Personal Net Worth Statement is a true and accurate statement of my present financial affairs, including any loans that I have guaranteed for others, that there are no undisclosed judgments or actions pending against me, and all assets are registered in my name unless otherwise stated. I acknowledge that this Personal Net Worth Statement is being relied on as being accurate and complete and for the purpose of obtaining credit or other accommodation and warrant that I have not failed to disclose any facts which would cause the Credit Union to decline the loan. I acknowledge the Credit Union will be collecting and gathering personal financial and credit information (Information) from and about me to obtain credit reports and evaluate my credit rating and credit worthiness. I understand the Credit Union requires and may use my social insurance number as an aid to identify me with credit bureaus and other financial institutions for credit matching purposes. I further understand that the provision of my social insurance number for credit matching purposes is optional and not a condition of service. I authorize and consent to your obtaining from and exchanging with any credit reporting agencies, financial institutions, government agencies or other persons any Information as you may require in connection with any credit being considered or hereafter granted and such bodies specifically directed to provide you with such information.

Credit Union and Privacy legislation prescribe and restrict the use of personal, financial or credit information (Information) without consent. To obtain details about Credit Union policies and procedures for protecting privacy of Information and Customer rights please contact the Credit Union, Attention: Privacy Officer.

**THIS FORM CONTAINS AN AUTHORIZATION TO SHARE AND EXCHANGE INFORMATION AND USE A SOCIAL INSURANCE NUMBER FOR CREDIT MATCHING PURPOSES.**

\_\_\_\_\_ Date

\_\_\_\_\_ Witness

\_\_\_\_\_ Applicant

\_\_\_\_\_ Applicant