

Personal Financial Statement

MEP Case #

A. Debtor Information

| | | | | | | | | |
|--|--|----------------------|--------------------------------|----------------------|--|----------------------|--|-------------|
| Given Name(s) | | | Surname | | | Telephone No. | | |
| Street Address | | | Mailing Address (If Different) | | | City | | Postal Code |
| Birthdate <small>Day Month Year</small> | | Social Insurance No. | | Driver's License No. | | Mother's Maiden Name | | |

B. Present Dependents

| <i>Present Marital Status</i> <input type="checkbox"/> Single <input type="checkbox"/> Other (specify) <input type="checkbox"/> Married | | Name of Present Spouse | |
|--|-----|------------------------|-----------------------|
| Address of Present Spouse (if different than yours) | | | |
| <i>Do you have any children living with you or other dependents who are legally dependent on you for financial support?</i> <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, provide the following information in the space provided below.</i> | | | |
| Full Name of Dependent | Age | Relationship to You | Reason for Dependency |
| | | | |
| | | | |
| | | | |
| | | | |

C. Employment

| | | | | | | |
|---|--|--------------------------------|---|------|-----------------------------|-------------|
| Name of Current Employer | | | Telephone No. | | | |
| Street Address | | Mailing Address (If Different) | | City | | Postal Code |
| Nature of Business | | | Position Occupied | | | |
| Place of Employment <input type="checkbox"/> Same as above <input type="checkbox"/> Other (specify) ... | | | Gross monthly wages or salary | | Net monthly wages or salary | |
| Are you qualified as a tradesman, professional or otherwise? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | If yes, state nature of all qualifications or special training: | | | |

C. Employment (continued)

| | | | |
|---|-----------------------------|------------------------------|---|
| Do you receive bonuses from your employer? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | If yes, please explain: |
| Do you receive money from any commission work? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | If yes, state type of work, amount of income received, and the most recent commission received: |
| Do you receive money from other part-time employment? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | If yes, please list employer's name(s) and amount of income: |
| Do you have any income producing hobbies? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | If yes, please state type of hobby and amount of income received per year: |

List all other income not noted:

| |
|--|
| |
|--|

TOTAL MONTHLY INCOME

\$

D. Income From Self Employment

If business is a proprietorship, partnership or joint venture, list the names, addresses and telephone numbers of any partners, principles or participants:

| | | | |
|---|---|---|---|
| Name | Address | | Telephone No. |
| | | | |
| | | | |
| Type of Business | Name of Business | | Telephone No. |
| | | | |
| Business Address | City | Province | Postal Code |
| | | | |
| Is this business a... | What percentage of the business do you own? | What is the net book value of the business? | What is the estimated market value of the business? |
| <input type="checkbox"/> Proprietorship <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation | % | \$ | \$ |

Itemize your yearly income below:

Itemize other benefits (company car, house, loans, savings plans, share options etc.)

| | | | |
|---------------------|-----------|--|----|
| Salary..... | \$ | | |
| Bonuses..... | \$ | | \$ |
| Dividends..... | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| TOTAL INCOME | \$ | | |

D. Income From Self Employment (continued)

| | |
|--------------------------|---|
| Corporations Only | Specify Type of Corporation... |
| | <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Professional <input type="checkbox"/> Other (describe): |
| | Are you an Officer or Director? |
| | <input type="checkbox"/> No <input type="checkbox"/> Yes... Title: |

| | | | | | | |
|------------------------------------|--|--------------------|----------------|---|--------------|----------------|
| If NOT a Public Corporation | <i>Total number of shares issued and outstanding</i> | | | <i>Total number of shares of each class held by you</i> | | |
| | Class | Number Outstanding | Net Book Value | Class | Number Owned | Net Book Value |
| | | | \$ | | | \$ |
| | | | \$ | | | \$ |
| | | | \$ | | | \$ |
| | | | \$ | | | \$ |
| | Total amount of all loans payable to you by the corporation: | | | Terms of repayment | | |
| | Amount..... \$ | | | _____ | | |
| | Interest earned (if any)..... \$ | | | | | |

E. Monthly Expenses

| | | |
|--|---|----|
| | 1. Rent or Mortgage (name of landlord/mortgagee): | \$ |
| | 2. Property Taxes | \$ |
| | 3. Utilities | \$ |
| | 4. Groceries (Food, toiletries etc) | \$ |
| | 5. Clothing | \$ |
| | 6. Transportation (fuel, parking, repairs etc) | \$ |
| | 7. Personal Expenses (prescription drugs, medical/dental not covered etc) | \$ |
| | 8. Home Insurance | \$ |
| | 9. Vehicle Insurance | \$ |
| | 10. Life Insurance | \$ |
| | 11. Disability | \$ |
| | 12. Other (specify): | \$ |

List your monthly payments (loans, credit cards, personal debts etc) below:

| Type of Debt (Credit Card, Loan etc) | Creditor (Name and Address) | Full Amount Owing | Monthly Payment |
|---|--------------------------------|-------------------|-----------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

F. Assets

Real Estate (include all homes, rental properties, cottages, condominiums etc)

| Municipal Address | Legal Description | Mortgagee | Purchase Price | Balance Owing | Current Market Value |
|-------------------|-------------------|-----------|----------------|---------------|----------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Motor Vehicles (include all cars, trucks, machinery, construction equipment, recreational vehicles, aircraft etc.)

| | | | | | |
|----|----------------|----------------|---------------|----------------------|------------|
| 1. | Type | Make | Model | Year | Serial No. |
| | | | | | |
| | Name of Lender | Purchase Price | Balance Owing | Current Market Value | Equity |
| | | | | | |
| 2. | Type | Make | Model | Year | Serial No. |
| | | | | | |
| | Name of Lender | Purchase Price | Balance Owing | Current Market Value | Equity |
| | | | | | |
| 3. | Type | Make | Model | Year | Serial No. |
| | | | | | |
| | Name of Lender | Purchase Price | Balance Owing | Current Market Value | Equity |
| | | | | | |

Bank Accounts (Include all chequing accounts, savings accounts, term deposits, registered savings plans, annuities etc)

| Type | Institution Name | Account No. | Branch Address | Amount |
|------|------------------|-------------|----------------|--------|
| 1. | | | | \$ |
| 2. | | | | \$ |
| 3. | | | | \$ |

F. Assets (continued)*If you have holdings in a Public Corporation, complete the following:***Shares, Options, Warrants etc.**

| Type | Number | Dividends (if any) | Current Market Value |
|------|--------|--------------------|----------------------|
| 1. | | | \$ |
| 2. | | | \$ |
| 3. | | | \$ |

Bonds and Debentures

| Type | Number | Current Market Value |
|------|--------|----------------------|
| 1. | | \$ |
| 2. | | \$ |
| 3. | | \$ |

Corporate Holdings Certificates (public and private)

| Location of Certificates | Name of Broker | Address |
|--------------------------|----------------|---------|
| 1. | | |
| 2. | | |
| 3. | | |

Properties Or Interests Held By A Trustee On Your Behalf

| Description of Asset | Location of Asset | Name of Trustee | Address |
|----------------------|-------------------|-----------------|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Other Assets

| Type | Description | Sole Owner? | | Location | Value |
|----------------------------|-------------|-----------------------------|------------------------------|----------|-------|
| Business Interests | | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | \$ |
| Promissory Notes | | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | \$ |
| Loans/Mortgages Receivable | | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | \$ |
| Furniture, Appliances, | | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | \$ |
| Jewelry, Cameras | | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | \$ |
| Other | | <input type="checkbox"/> No | <input type="checkbox"/> Yes | | \$ |

G. Declaration

I understand that I am required to attach proof of my income to this form.

- (a) I attach to this statement proof of my current income, including my **three** most recent
 - Paycheque Stubs Employment Insurance Benefits Pension Payment
 - WCB Payments Other: _____

Note: *If you do not receive pay stubs or payments statements from an income source, attach a letter from the income source stating the amount of money received for the three consecutive payments made to you immediately before the date of the financial statement, AND*

- (b) I attach to this form a copy of my income tax returns that were filed with the Canada Customs and Revenue Agency for the past three taxation years, together with a copy of the material filed with the returns and a copy of any notices of assessment or re-assessment that I have received from the Agency for these years.
- I attach to this form a statement from the Canada Customs and Revenue Agency verifying that I have not filed any income tax returns for the past three years.
- I attach to this form a direction signed by me to the Taxation Branch of the Canada Customs and Revenue Agency for disclosure of my tax returns for the past three years.

I, _____ do solemnly declare that the details of my financial situation as set out above are accurate.

SWORN BEFORE ME at the _____ of _____ in the Northwest Territories, this day of _____ 20_____

A Commissioner of Oaths/Notary Public in and for the Northwest Territories.

My Commission expires: _____

} _____
Signature

FOLLOWING REVIEW OF THIS STATEMENT, THE ADMINISTRATOR MAY REQUIRE OTHER EVIDENCE VERIFYING YOUR INCOME FOR A PERIOD OF TIME BEFORE THE DATE OF THE FINANCIAL STATEMENT.
