FINANCIAL QUESTIONNAIRE

Confidential once completed

Please complete both sides that apply to you and/or your spouse

A) Name:
SIN:
Date of birth:
Marital Status: _____
Telephone: _____
Address: _____
_____
_____

Date of Issue: TODAY'S DATE

Name of Spouse: _____
Date of Birth: _____

B) Employment

Name of Employer: _____
Address of Employer: _____
_____
_____
Work Phone Number: _____
Part Time: _____ Full Time: _____
Employed Since: _____

B) Employment

Name Of Employer: _____
Address of Employer: _____
_____
(for tracing purposes only)
Work Phone Number: _____
Part Time: _____ Full Time: _____
Employed Since: _____

C) Receiving Social Assistance
Amount $ (monthly): $_____
Case Worker: _____
Telephone Number: _____
Office Location: _____
Type of Benefit: _____

D) Other (specify): _____
Amount (monthly): $_____

C) Receiving Social Assistance
Amount (monthly): $_____
Case Worker: _____
Telephone Number: _____
Office Location: _____
Type of Benefit: _____

D) Other (specify): _____
Amount (monthly): $_____

E) Children and/or Dependants

Name: _____ Date of birth: _____
Name: _____ Date of birth: _____
Name: _____ Date of birth: _____

Name: _____ Date of birth: _____
Name: _____ Date of birth: _____
Name: _____ Date of birth: _____

F) Assets

Deposit with Financial Institutions: $_____
House/Property (actual value): $_____

Term Deposits: $_____
Vehicle(s) (actual value): $_____

G) Liabilities

List of Credit Cards - Company Name

	Balance Owing	Monthly Payments
_____	$_____	$_____
_____	$_____	$_____

Loans (Mortgages, Vehicle, Personal, Others)

Type of Loans	Name of Institution	Balance Owing	Monthly Payments
Canada Student Loan	SDC	$_____	$_____
		$_____	$_____
		$_____	$_____
		$_____	$_____

Financial Institutions/Banks
Name: _____
Name: _____

Address: _____
Address: _____

(If required, please provide additional information on a separate sheet)
Ce questionnaire financier est disponible dans la langue officielle de votre choix.