## **INCOME AND EXPENSE DISCLOSURE**

## CONFIDENTIAL

Employment / Business:	Namo		Marital Status:	Spauge:	
Bank	Name:			Spouse:	
Home Address   Bank Address   Bank Address   Bank Telephone:				l	
Bank Telephone:   Account #:					
Daytime Telephone:   Account #:	Home Address:				
Household Income Per Month	D : T   1		·		
Employment Take Home Pay: \$  \$pouses Take Home Pay: \$  \$Cher Family Contributions: \$  Alimony / Child Support Income: \$  Rontal Income After Expenses: \$  Dividend / Interest Income: \$  Ponsion: \$  UIC / WSIB / Social Assistance: \$  SUIC / WSIB /	Daytime Telephone:		Account #:		
Spouse's Take Home Pay:   S	HOUSEHOLD INCOME PER MONTH		Please provide details		
Other Family Contributions:   S	Employment Take Home Pay:	\$			
Alimony / Child Support Income: Rental Income After Expenses:	Spouse's Take Home Pay:	\$			
Rental Income After Expenses:   \$	Other Family Contributions:	\$			
Dividend / Interest Income:   \$	Alimony / Child Support Income:	\$	From:		
Pension:   \$	Rental Income After Expenses:	\$			
UIC / WSIB / Social Assistance:   \$	Dividend / Interest Income:	\$			
Guaranteed Income Supplement:  Other: (Specify)  S  HOUSEHOLD EXPENSES PER MONTH  Mortgage: Property Tax: (if not included in mortgage) Food: (supporting documents not required) Vehicle (Gas & Maintenance) Public Transit: Hydro: Gas / Heating: Water: Gas / Heating: Water: S  Telephone / Mobile Phone / Internet: Cable: Alimony Paid Out: S Copy of court document or legal agreement: S Cher: S Car Loan Overdraft / Line of Credit: Visa: MasterCard: Other Credit Cards: S Car Insurance: Car I	Pension:	\$			
Other: (Specify)         \$           TOTAL INCOME: (ALL SOURCES)         \$           HOUSEHOLD EXPENSES PER MONTH         Please provide details           Mortgage:         \$           Property Tax: (if not included in mortgage)         \$           Food: (supporting documents not required)         \$           Vehicle (Gas & Maintenance) Public Transit:         \$           Hydro:         \$           Gas / Heating:         \$           Water:         \$           Telephone / Mobile Phone / Internet:         \$           Cable:         \$           Alimony Paid Out:         \$           Copy of court document or legal agreement:         \$           Other:         \$           i.e. Deductions on pay (specify):         TOTAL BALANCE         MONTHLY PAYMENT         INSTITUTION NAME           Bank Loan:         \$         \$           Car Loan         \$         \$           Overdraft / Line of Credit:         \$         \$           Visa:         \$         \$           WasterCard:         \$         \$           Other Credit Cards:         \$         \$           Other Credit Cards:         \$         \$           Car Insurance: <t< td=""><td>UIC / WSIB / Social Assistance:</td><td>\$</td><td></td><td></td></t<>	UIC / WSIB / Social Assistance:	\$			
Note	Guaranteed Income Supplement:	\$			
Note	Other: (Specify)				
S	TOTAL INCOME: (ALL SOURCES)				
S		•			
Property Tax: (if not included in mortgage)   \$	HOUSEHOLD EXPENSES PER MONTH		Please provide details		
Food: (supporting documents not required)   \$	Mortgage:	\$			
Vehicle (Gas & Maintenance) Public Transit:         \$           Hydro:         \$           Gas / Heating:         \$           Water:         \$           Telephone / Mobile Phone / Internet:         \$           Cable:         \$           Alimony Paid Out:         \$           Copy of court document or legal agreement:         \$           Other:         \$           i.e. Deductions on pay (specify):         TOTAL BALANCE         MONTHLY PAYMENT         INSTITUTION NAME           Bank Loan:         \$         \$           Car Loan         \$         \$           Overdraft / Line of Credit:         \$         \$           Visa:         \$         \$           MasterCard:         \$         \$           Other Credit Cards:         \$         \$           House Insurance:         \$         \$           Car Insurance:         \$         \$           Health Care Plan:         \$         \$           <	Property Tax: (if not included in mortgage)	\$			
Hydro:	Food: (supporting documents not required)	\$			
Sas   Heating:   Sas	Vehicle (Gas & Maintenance) Public Transit:	\$			
Water:         \$           Telephone / Mobile Phone / Internet:         \$           Cable:         \$           Alimony Paid Out:         \$           Copy of court document or legal agreement:         \$           Other:         \$           i.e. Deductions on pay (specify):         TOTAL BALANCE         MONTHLY PAYMENT         INSTITUTION NAME           Bank Loan:         \$         \$           Car Loan         \$         \$           Overdraft / Line of Credit:         \$         \$           Visa:         \$         \$           MasterCard:         \$         \$           Other Credit Cards:         \$         \$           Unical Insurance:         \$         \$           Life Insurance:         \$         \$           Life Insurance:         \$         \$           Health Care Plan:         \$         \$           Medical Costs Not Covered:         \$         \$           FLEASE ATTACH DOCUMENTS TO SUPPORT<	Hydro:	\$			
Telephone / Mobile Phone / Internet:   \$	Gas / Heating:	\$			
Cable:         \$           Alimony Paid Out:         \$           Copy of court document or legal agreement:         \$           Other:         \$           i.e. Deductions on pay (specify):         **           TOTAL BALANCE MONTHLY PAYMENT INSTITUTION NAME           Bank Loan:         \$           Car Loan         \$           Overdraft / Line of Credit:         \$           Visa:         \$           MasterCard:         \$           Other Credit Cards:         \$           Other Credit Cards:         \$           Other Credit Cards:         \$           Car Insurance:         \$           House Insurance:         \$           Car Insurance:         \$           Health Care Plan:         \$           Medical Costs Not Covered:         \$           TOTAL:         \$	Water:	\$			
Alimony Paid Out:   \$	Telephone / Mobile Phone / Internet:	\$			
Copy of court document or legal agreement:         \$           Other:         \$           i.e. Deductions on pay (specify):         TOTAL BALANCE         MONTHLY PAYMENT         INSTITUTION NAME           Bank Loan:         \$         \$           Car Loan         \$         \$           Overdraft / Line of Credit:         \$         \$           Visa:         \$         \$           MasterCard:         \$         \$           Other Credit Cards:         \$         \$           Under Credit Cards:         \$         \$           Other Credit Cards:         \$         \$           Under Credit Cards:	Cable:	\$			
Other:         \$           i.e. Deductions on pay (specify):         TOTAL BALANCE         MONTHLY PAYMENT         INSTITUTION NAME           Bank Loan:         \$ <t< td=""><td>Alimony Paid Out:</td><td>\$</td><td></td><td></td></t<>	Alimony Paid Out:	\$			
TOTAL BALANCE	Copy of court document or legal agreement:	\$			
TOTAL BALANCE   MONTHLY PAYMENT   INSTITUTION NAME	Other:	\$			
Bank Loan:         \$         \$           Car Loan         \$         \$           Overdraft / Line of Credit:         \$         \$           Visa:         \$         \$           Visa:         \$         \$           MasterCard:         \$         \$           Other Credit Cards:         \$         \$           Other Credit Cards:         \$         \$           House Insurance:         \$         \$           Car Insurance:         \$         \$           Life Insurance:         \$         \$           Health Care Plan:         \$         \$           Medical Costs Not Covered:         \$         \$           TOTAL:         \$         PLEASE ATTACH DOCUMENTS TO SUPPORT	i.e. Deductions on pay (specify):				
Car Loan         \$         \$           Overdraft / Line of Credit:         \$         \$           Visa:         \$         \$           Visa:         \$         \$           MasterCard:         \$         \$           Other Credit Cards:         \$         \$           Other Credit Cards:         \$         \$           House Insurance:         \$         \$           Car Insurance:         \$         \$           Life Insurance:         \$         \$           Health Care Plan:         \$         \$           Medical Costs Not Covered:         \$         \$           TOTAL:         \$         PLEASE ATTACH DOCUMENTS TO SUPPORT		TOTAL BALANCE	MONTHLY PAYMENT	INSTITUTION NAME	
Overdraft / Line of Credit:         \$         \$           Visa:         \$         \$           MasterCard:         \$         \$           Other Credit Cards:         \$         \$           Other Credit Cards:         \$         \$           House Insurance:         \$         \$           Car Insurance:         \$         \$           Life Insurance:         \$         \$           Life Insurance:         \$         \$           Health Care Plan:         \$         \$           Medical Costs Not Covered:         \$         \$           TOTAL:         \$         PLEASE ATTACH DOCUMENTS TO SUPPORT	Bank Loan:	·			
Visa:         \$         \$           MasterCard:         \$         \$           Other Credit Cards:         \$         \$           Other Credit Cards:         \$         \$           House Insurance:         \$         \$           Car Insurance:         \$         \$           Life Insurance:         \$         \$           Life Insurance:         \$         \$           Health Care Plan:         \$         \$           Medical Costs Not Covered:         \$         \$           TOTAL:         \$         \$	Car Loan	\$	\$		
MasterCard:         \$         \$           Other Credit Cards:         \$         \$           Other Credit Cards:         \$         \$           House Insurance:         \$         \$           Car Insurance:         \$         \$           Life Insurance:         \$         \$           Life Insurance:         \$         \$           Health Care Plan:         \$         \$           Medical Costs Not Covered:         \$         \$           TOTAL:         \$         \$	Overdraft / Line of Credit:	\$	\$		
Other Credit Cards:         \$         \$           Other Credit Cards:         \$         \$           House Insurance:         \$         \$           Car Insurance:         \$         \$           Life Insurance:         \$         \$           Life Insurance:         \$         \$           Health Care Plan:         \$         \$           Medical Costs Not Covered:         \$         \$           TOTAL:         \$         \$	Visa:	\$	\$		
Other Credit Cards:         \$         \$           House Insurance:         \$         \$           Car Insurance:         \$         \$           Life Insurance:         \$         \$           Health Care Plan:         \$         \$           Medical Costs Not Covered:         \$         \$           TOTAL:         \$         \$	MasterCard:	\$	\$		
House Insurance:   \$   \$   \$	Other Credit Cards:	\$	\$		
Car Insurance:         \$         \$           Life Insurance:         \$         \$           Health Care Plan:         \$         \$           Medical Costs Not Covered:         \$         \$           TOTAL:         \$         \$   PLEASE ATTACH DOCUMENTS TO SUPPORT	Other Credit Cards:	\$	\$		
Life Insurance:  Health Care Plan:  Medical Costs Not Covered:  TOTAL:  \$ \$ PLEASE ATTACH DOCUMENTS TO SUPPORT	House Insurance:	\$	\$		
Health Care Plan:  Medical Costs Not Covered:  S  TOTAL:  \$ \$ PLEASE ATTACH DOCUMENTS TO SUPPORT	Car Insurance:	\$	\$		
Medical Costs Not Covered: \$ \$  TOTAL: \$ PLEASE ATTACH DOCUMENTS TO SUPPORT	Life Insurance:	\$	\$		
TOTAL: \$ \$ PLEASE ATTACH DOCUMENTS TO SUPPORT	Health Care Plan:	\$	\$		
	Medical Costs Not Covered:	\$	\$		
L · L · L · L · L · L · L · L · L · L ·	TOTAL:	\$	\$	PLEASE ATTACH DOCUMENTS TO SUPPORT ALL EXPENSE CLAIMS	

## PERSONAL NET WORTH STATEMENT

		CONFIDENTIAL
ACCETO		

ASSETS		
Туре	Value	Address/ Location / Description / Ownership
HOUSE MARKET VALUE:	\$	
Other Property:	\$	
(Vacation, land, rental, etc.)	\$	
	\$	
	\$	
	\$	
	\$	
Vehicles:	\$	
	\$	
RRSP Investments:	\$	
(Maturity Dates:)		
Term Deposits / Mutual Funds / Stock & Bonds	\$	
(Maturity Dates:)		
Business Assets: (Sole Proprietor)	\$	BUSINESS NAME:
Accounts Receivables (Average Monthly)	\$	
Equipment:	\$	
Other: (specify)	\$	Please include copy of financial statement
Other Assets: (description)	\$	
TOTAL ASSETS:	\$	
LIABILITIES		
	Amount	Address / Leastien / Description
Type:	Amount:	Address / Location / Description:
Mortgage: 1st Renewal Date:	\$	
2nd Renewal Date:	\$	
Property Tax (if not included in mortgage)	\$	
Car Loans:	\$	
Line of Credit:	\$	
Other Loans:	\$	
Credit Card Balances - Visa, MasterCard	\$	
American Express	\$	
Department Store Cards etc.	\$	
TOTAL LIABILITIES:	\$	
NET WORTH:		
TOTAL ASSETS:	\$	
LESS (-) TOTAL LIABILITIES: NET WORTH:	<b>\$</b>	
I hereby certify that to the best of my knowledge and belief, the in information given may be subject to verification.	formation given in the	ese statements is true, correct and complete in every respect. It is also understood that the
O'mark mark	Data	
Signature:	Date:	
0 1 0	5.	
Spouse's Signature:	Date:	