CONSUMER PROFILE

Account Holder No:	Loan No:
Applicant Member No:	Date:
Co-Applicant Member No:	

ΡΜΑΤΙΩΝ		11								
		Date of	Birth S.I.N.		N. Martial Stat		No. of Dependents	Dependent A	ges Smoke	er
		Date of Birth S.I.N. (must be provided and ack			ided and acknow	vledged by Spouse)		Smoke	er	
nt Present Address									How Long	
Home Phone Nu	mber	Work Pho	ne Num	ber	Cellular N	umber	E-mail Address			
(if less than 3 yea	rs)	ı					1		How Long?	
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acress										
pplicable)	Other Emp	loyer			Since	FT/PT	Mon/Ann Gross Earnings Business P		ss Phone No.	
than 3 years)			Emplo	yer			How Long? Business Phone No.			
	Primary En	nplover			Since	FT/PT	Mon/Ann Gross Farnings Business F		ss Phone No.	
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than 3 years)	Employer	Employer			From	То		Busines	ss Phone No.	
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PERSONAL NET WORTH STATEMENT

DESCRIPTION ESTIMATED VALUE VALUE Chequing / Saving Exprise to the properties Taxes - Principal Residence Heating - Principal Residence Other Liabilities (child support, alimony, contingent liabilities, leases) Other Liabilities (child support, alimony, contingent liabilities, leases) Overdraft Protection/LOC Limit Payment Balance Credit Cards Limit Payment Balance	ASSETS			ABILITIES					
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Total Assets Minus	\$
Total Liabilities Equal	\$
Net Worth	\$

CDC Chalter L Tayon V 100
GDS = <u>Shelter + Taxes X 100</u> =
Gross Income
TDS = Total Payments X 100 =
Gross Income

COMMENTS:					
loans that I have guaranteed for others in my name unless otherwise stated. complete and for the purpose of obtain cause the Credit Union to decline the information (Information) from and about Credit Union requires and may use my credit matching purposes. I further un not a condition of service. I authorizinstitutions, government agencies or of	al Net Worth Statement is a true and accurate stater is, that there are no undisclosed judgments or actions. I acknowledge that this Personal Net Worth Statining credit or other accommodation and warrant that is loan. I acknowledge the Credit Union will be collected to obtain credit reports and evaluate my credit social insurance number as an aid to identify me with derstand that the provision of my social insurance number and consent to your obtaining from and exchange the persons any Information as you may require in actifically directed to provide you with such Information	pending against me, and all assets are registered ement is being relied on as being accurate and I have not failed to disclose any facts which would ecting and gathering personal financial and credit dit rating and credit worthiness. I understand the h credit bureaus and other financial institutions for mber for credit matching purposes is optional and ging with any credit reporting agencies, financial n connection with any credit being considered or			
provider is located in the United State	the Credit Union may use service providers located es, Information may be processed and stored in the ry agencies may be able to obtain disclosure of the	e United States and United States governments,			
	rescribe and restrict the use of personal, financial o policies and procedures for protecting privacy of Infor.				
This document may be signed and delivered electronically or by other similar means and may be executed in counterparts, all of which shall be as effective as if signed and delivered as one original document with original signatures. Where an electronic signature is available and used, the person using the electronic signature is adopting such signature and authorizes it to be attached to or associated with this document.					
	RIZATION TO SHARE AND EXCHANGE INFORMATE A SOCIAL INSURANCE NUMBER FOR CREDIT IN				
Date					
					
Witness	Applicant	Applicant			

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