Personal Financial Statement

Clarence Campeau Development Fund SaskMétis Economic Development Corporation



Find us online at: www.clarencecampeau.com www.smedco.ca

Name of Applicant:			
Contact Information			
Mailing Address:			
City/Town:	Postal Code:		
Business Phone:	How long at Address:		
Cell Phone:	Principal Residence:		
Email:	Rent Own Other		
Personal Information Date of Birth:	Métis Citizenship Number (if applicable):		
Year / Month / Day	Social Insurance Number:		
Saskatchewan Health Card Number:	Saskatchewan Driver's License Number:		
Employment Information Occupation: Current Employer: How long with Employer: Years / Months			

Income Taxes Last Year Filed: Do you owe any taxes prior of the current year? Yes No	WCB Number (if applicable):				
Date of Birth: How long with e	gation arising from your business dealings and supation:				
Additional Information Have you, or any business that you own or have previously owned, received financial assistance from the Government of Canada (including the Métis Assistance Program). If yes, please describe.					
Are you applying to any other government programs for financial assistance for this project? If yes, please describe. Do you, or your business, owe money to the Government of Canada? If yes, please indicate to which department or agency and list amount(s).					
Have you already made any financial commitments for the project? If y Note: Any costs for which you have made a legal commitment prior to project approve Equity Program.					

	Persor	nal Financ	cial Information		
a	s at		, 20		
ASSETS (List & Describe)	\$		BILITIES & Describe)		
Total Chequing				Balance Owing \$	Monthly Payment \$
Total Savings			nk Loans or es of Credit		
Vehicles			ortgages on Personal al Estate Owned		
Personal Real Estate		Mc	onthly Rent		
Investment and Retirement Accounts		Cro	edit Cards		
		Vel	hicle Loan/Lease		
<mark>Other Assets</mark> (Specify)			<mark>ner Obligations</mark> becify)		
		Tot	al Liabilities (B)		
Total Assets (A)		Net Worth (A - B)			
Personal Financial Institution					
Contact:					
Address:					
Phone:	Email:				
Income Sources (Income from alimony, child support, or have to stated unless you want it conside	separate maintenance ered)	e does not	Are you providing persor above (i.e. co-signer, en alir		
Your Gross Monthly Salary	Your Gross Monthly Salary		Yes	No	1
Spouse Gross Monthly Salary					
Net Monthly Rental Income			If yes, please	provide details belo	ow:

Other Income (Specify)

Total Income

3

How did you hear about us?

General Information

(Please provide details if you answer **YES** to any of the following questions)

Have you ever had an asset repossessed?	Yes	No	If yes, year:
Have you ever declared bankruptcy or filed a consumer proposal?	Yes	No	If yes, year:
Are you discharged or fully performed?	Yes	No	N/A
Do you have any current collections against you?	Yes	No	If yes, amount:
Do you owe any taxes prior to the current year? (includes personal, property, or business)	Yes	No	If yes, amount:
Is any litigation or proceeding involving you or the applicant now in course of pending before any court, government board tribunal or agency?	Yes	No	
Are you a Director or Shareholder of any Corporation?	Yes	No	
Additional Details:			

Personal References

(Name & Addresses of 2 Relatives Not Living with Applicant Plus 1 Non-Relative)

Name	Mailing Address	Phone Number	Relationship	Occupation

Declaration

The undersigned declare that the statements made herein are for the purpose of obtaining business financing and are to the best of my knowledge true and correct. The applicant consents to the Clarence Campeau Development Fund and SaskMétis Economic Development Corporation making any inquiries it deems necessary to reach a decision on this application, and consents to the disclosure at any time of any credit information about me to any credit reporting agency or to anyone with whom I have financial relations.

I consent to the Métis Entrepreneur Equity Program (MEEP) and Métis Assistance Program (MAP) sharing my account information with third party service providers and/or provincial/federal government agencies (who are required to safeguard the handling of this information under the Personal Information Protection and Electronic Documents Act (PIPEDA) and/or the Privacy Act for statistical, research and evaluation purposes for the Métis Entrepreneur Equity Program and Métis Assistance Program.

I hereby declare that I am of Métis ancestry:	Yes	No
Date:		-

Witness