

## **Financial Profile**

#1-10 King George Crt. Saint John, NB, E2K 0H5 Phone: 506.898.1600 Fax: 866.993.7232 www.portcityfinancial.ca

Bor	ower BORROWER INF			INFORMATION Co-Borrower						
Borrower's Name (include Jr. or Sr. if applicable)					Co-Borrower's Name (include Jr. or Sr. if applicable)					
Social Insurance #	Hon	ne Phone	Date of Birth	Social Insurance #			Home Pho	ne	Date of Birth	
Email Address	Wo	rk Phone	Fax:	Email Address			Work Pho	ne	Fax:	
Present Address: Own	Rent	\$ (Rent Amount)	# of years	Present Address:	Own	Rent	14	S (Rent Amount)	# of years	
					- 11 - <b>P</b> - 11					
Former Address: Own	Dert		address less than #of years	two years, complete Former Address:		Band		¢	# .5. w.e.w.	
Former Address: Own	Rent	\$(Real Aniturt)			Own	_ Ken		\$ (Rent Amount)	# of years	
	Borrower			INFORMATION			Co	o-Borrower	84 	
Employer N	Employer Name & Address:				Employer Name 8	& Address:			Yrs. On this Job:	
			Yrs. In This Line Of Work/Profession						Yrs. In This Line Of Work/Profession	
Position/Title/	Type of Business		Business Phone		Position/Title/Type	of Business	5		Business Phone	
	Position muer type of Dusiness									
Employer Na	ame & Address:		Yrs. On this Job:	Employer Name & Address:				Yrs. On this Job:		
			Yrs. In This Line Of Work/Profession						Yrs. In This Line Of Work/Profession	
					D. 11. CT. C.	(D)				
Position/Title/Type of Business			Business Phone	Position/Title/Type of Business					Business Phone	
		TUUX WOOME				TION				
a 11 mil	200	THLY INCOME	AND COMBINEL	HOUSING EXPE	NSE INFORMA	ATION	<b>20.1</b>			
Gross Monthly Income	Borrower \$			Co-Borrower \$			Total \$			
Base Employment Income	*			*			•			
Overtime/Bonuses										
Dividends/Interest							3			
Other (describe)										
Total	\$			s				s		
			ASSETS AN	D LIABILITIES						
Schedule of Real Estate Owned (including Principal Residence)	Type of Property	Present Market Value	Mortgages & Liens	Name of Bank (Holding Mortgage)	Gross Monthly Rental Income	Mortga Payme	ige ents	Condominium Fees	Taxes	
		\$	S		\$	\$	3	S	\$	
						ĺ				
							$\rightarrow$			
	Totals:	\$	s		s	\$	1	S	\$	

Client Name:	F	Port City Financial Profile: Pg. 2 Assets & Liabilities Cont.				
Assets		Liabilities	М	onthly Payment	Unpaid Balance	
Name & Address of Bank or Credit	Union	Name & Address of Company	\$		\$	
\$						
Name & Address of Bank or Credit	Name & Address of Company	\$		\$		
Stocks & Bonds (Company Name/Number & Description)	\$	Name & Address of Company	\$		\$	
Subtotal Liquid Assets	\$					
Real Estate Owned (Enter market value from schedule of real estate owned)	\$	Name & Address of Company	\$		\$	
R.R.S.P	\$	-	\$			
Net Worth of Business(es) Owned (Attach Financial Statement)	\$	Name & Address of Company			\$	
Automobiles Owned (Make & Year)	\$					
		Name & Address of Company	\$		\$	
Other Assets (Itemize)	\$					
Cultatel Neg Liquid Accete		Alimony/Child Support/Maintenance Payments Owed To	\$		\$	
Subtotal Non-Liquid Assets	\$	Total Monthly Payments	\$		\$	
a. Total Assets	\$		Ьт	otal Liabilities	\$	
	Total Net Worth (a - b)	\$		Ψ		
The undersigned declare(s) that the sta knowledge, true and correct. The appli- order to reach a decision regarding this to any credit reporting agency or to any	cant(s) consen application and	herein are for credit-granting purp t(s) to Port City Financial making a d consent(s) to the disclosure at ar I/we have financial relations.	oses, iny ind	quiries it/they de e credit informat	em necessary in ion about me/us	
Deted this day of 00	Borrowers Signature		Co-Borrowers Signature			
Dated thisday of, 20						