



Applicant Name			
Date of Birth Social Insural	nce Number		
Present Address and Postal Code		Occupancy	How Long
Previous Address (If less than 2 years	at present address, ple	ease provide full 2 years histor	·y)
Email		Cell Number	Home Phone Number
Present Employer	Address		Telephone
Occupation	Employed From	Employed To	Monthly Income
Income Type Select all that apply [	Self -Employed	 Full-Time Employed ☐ Part-T	ïme Employed
☐ Commission [		Overtime	
Previous Employer Name and Address	s (If less than 2 years at	present employer, please pro	vide full 2 years history)
Occupation	Employed From	Employed To	Monthly Income
Income Type Select all that apply	☐ Self -Employed ☐ F	Full-Time Employed 🔲 Part-T	ïme Employed
☐ Commission [	Bonus	Overtime	
Other sources of Income and Amount	t	Month	ly Income
	7		
Income Type Select all that apply Commission		Full-Time Employed  ☐ Part-T Overtime	ïme Employed
Other sources of Income and Amount			lly Income
Cities sources of income and Amount			,
Income Type Select all that apply [	Self -Employed F		ime Employed
Commission		Dvertime	
Have you ever claimed Bankruptcy?		s, date discharged:	





Co-Applicant Name			
Date of Birth Social Insurance	e Number		
,			
Present Address and Postal Code		Occupancy	How Long
Previous Address (If less than 2 years a	t present address, ple	ease provide full 2 years histor	у)
Email		Cell Number	Home Phone Number
Linaii		Cen Number	Tione i none Number
			<u> </u>
Present Employer	Address		Telephone
Occupation	l	Employed To	Mandala Income
Occupation E	Employed From	Employed To	Monthly Income
Income Time O. I. I. III. I. I. I.	0.4.5		
Income Type Select all that apply	<u> </u>	· , <u>–</u>	ne Employed
		Overtime	
Previous Employer Name and Address (I	If less than 2 years at	present employer, please prov	ide full 2 years history)
Occupation E	mployed From	Employed To	Monthly Income
Lancaura Trans. Colort all that apply [7]	0.15 5	Dort Tie	ma Employed
		· • —	me Employed
<del>_</del>	Bonus UC	overtime Monthly	y Income
Other sources of Income and Amount			y moome
Income Type Select all that apply	Self -Employed		l me Employed
Commission	· · · —	Overtime	no Employou
Other sources of Income and Amount	_		y Income
Income Type Select all that apply	Self -Employed F		me Employed
☐ Commission ☐	<u> </u>	)vertime	
Have you ever claimed Bankruptcy?	Yes No If Yes	, date discharged:	





#### **Assets**

(Personal - If married, include assets of both self and spouse)

Cash and Investment	Туре	Held at	Name of Financial Institution	Amount
			Total	\$ 0.00

Personal Property, such as motor vehicles, watercraft, recreational vehicles, and ATV's

Year (less than 7yrs), Make, Model	Value	Year (less than 7yrs), Make, Model	Value
Tota		Total	JL .

Real Estate Owned, including real estate located outside of Canada

Civic Address and/or Legal Description	Real Estate Type	Mortgage Holder (or no mortgage)	Name of Financial Institution	Present Value

Total





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(Personal - If married, include liabilities of both self and spouse)

Liabilities

Liability Type	Lender	Balance Owi	ng Monthly Payment	Security Value

Total

Land Secured Loans, including mortgages and HELOCs

Mortgage or HELOC	Lender	Balance Owing	Monthly Payment	Property Tax	Condo Fees	Maturity

**Total** 

#### **Net Worth**

Total assets minus total liabilities

Total Assets \$ 0.00

Total Liabilities \$ 0.00

Net Worth \$ 0.00

The foregoing information is furnished for the purposes of opening accounts, obtaining credit facilities, and obtaining advances from ATB Financial (ATB). I hereby certify all information in this Personal Financial Statement to be true and correct. I authorize and consent to ATB receiving and exchanging personal and credit information with any credit-reporting agency, credit bureau, or any person or corporation with whom I have or may in the future have financial dealings, and agree that information so received may be retained by ATB. By completing this Personal Financial Statement, I understand ATB may use this information to understand my needs and assess my eligibility for products and services that ATB believes I may be interested in. I understand that any personal information will be treated in accordance with ATB's Privacy Code, available at my local branch or www.atb.com. This Personal Financial Statement may be executed electronically; this Personal Financial Statement may be delivered by email, facsimile or other functionally-equivalent electronic means.

Applicant's Signature:	Additional Applicant's Signature:	Date:

ATB Financial Suite 2100, 10020 100 Street NW Edmonton, AB T5J 0N3 1-800-332-8383