



Personal Statement of Affairs

Please complete one copy for each Applicant.

Personal Information:			
First Name:	Middle:	Surname:	
Address:	City/Town:	Prov:	Postal Code:
Date of Birth Mo. Day Year <input type="text"/> <input type="text"/> <input type="text"/>	Social Insurance Number <input type="text"/> <input type="text"/> <input type="text"/>	Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	
Phone:	Cell:	Email:	
Financial Institution:	Contract Person:	Address:	

Spouses Information:		
First Name:	Middle:	Surname:
Date of Birth Mo. Day Year <input type="text"/> <input type="text"/> <input type="text"/>	Social Insurance Number <input type="text"/> <input type="text"/> <input type="text"/>	Phone:
Occupation:	Employers Name/Address:	Years there:

Are you personally supporting contingent obligations not listed above (i.e. co-signor/endorser/guarantor)?

Yes No

If yes, please indicate liability and provide details on amount to whom and nature of obligations below:

Please complete for each Applicant.

Financial Profile:			
Assets:		Liabilities:	
Cash/Bank Balance	\$	Credit Cards	\$
RSPS	\$	Line of Credit	\$
Stocks/Bonds/Mutual Funds	\$	Loans	\$
Real Estate	\$	Mortgage	\$
Vehicles (make/model/year)	\$	Other (specify)	\$
Other (specify)	\$	Other (specify)	\$
Total Assets:		Total Liabilities:	
Total Assets - Total Liabilities = Net Worth		\$	

Present Annual Income and Expenses:			
Gross Annual Income	\$	Mortgage/Rent	\$
Commissions/Bonuses	\$	Property Taxes	\$
Investment Income	\$	Loan Payments	\$
Rental Income	\$	Alimony/Child Support/Maintenance	\$
Other Income (specify)	\$	Other Expense (specify)	\$
Total Income:	\$	Total Expenses:	\$

Application Declaration:

The undersigned (hereafter each an "Applicant") authorizes MEDF to confirm the information contained in this Personal Statement of Affairs, to collect credit, personal and other information about the Applicant ("Information") from credit reporting agencies and other parties (including information as to whether the Applicant meets specific criteria), to conduct list editing (the practice of presenting a list of names and a list of criteria to a credit reporting agency to receive back a list of the names that meet the criteria) with respect to the Information, to use the Information collected and to disclose the Information collected to credit reporting agencies and other parties for the following purposes, for a period beginning now and ending two (2) years from the latest of the date the Applicant (i) pays or (ii) otherwise fulfills all of outstanding obligations incurred by the Applicant from time to time with MEDF Inc., to determine its eligibility for the extension of equity or other investment in connection with this Application; to support any proposed business relationship with the Applicant including opening and maintaining a file containing Information; and in connection with the administration of any investment or the fulfillment of other obligations owed by the Applicant to MEDF. The Applicant agrees to provide such additional written consents and authorizations that are reasonably requested by MEDF to complete its evaluation of this Personal Statement of Affairs and in connection with any potential financing transaction.

Accuracy of Information:

The statements and information herein and those attached which form part of this Personal Statement of Affairs are for the express purpose of obtaining financial assistance from MEDF and are to the best of my knowledge and belief, true and correct. The Applicant(s) hereby declare(s) that none of the Applicant(s) have the status of an un-discharged bankrupt or have any bankruptcy proceedings pending, threatened or in existence with respect to themselves or other businesses which they operate. The Applicant will promptly advise MEDF of any material change of which it is aware, financial or otherwise, relating to the business or affairs of the Applicant or any change in any material element of any of the information or representations provided to MEDF or any other material change of which the Applicant is aware.

<hr/> Applicants Signature	<hr/> Print Name	<hr/> Date
<hr/> Secondary Applicants Signature/Spouse	<hr/> Print Name	<hr/> Date
<hr/> Witness Signature	<hr/> Print Name	<hr/> Date