

PERSONAL NET WORTH (PNW) FORM

Fax this form to: 1-866-532-7358, or scan & email to support@GuardianLeasing.ca. You may also send a digital photo, but please review for clarity before emailing.

Personal Name:			
Home Address:	City	Province	Postal
Date of Birth: (MM/DD/YY)	Ph:	Email:	
Business Name (as shown on Credit Appl	ication):		
PERSONAL ASSETS:			
Cash in Chequing Accounts			5
Cash in Savings Accounts			
Real Estate: (only property that you are I	isted or registered "on title	")	
Home Address	_		
Rental Property Address			
Vacation Property Address			
Other . , ,			
Other Stocks/bonds/GIC's/other financial inves	tments (non-RRSP))
RRSP's	,	Š	
Vehicles (<i>not leased</i>)		·	
Year Make	Model Mileage	Ş	5
Year Make	Model Mileage		
Personal cash invested (equity) in your b			
Money owed to you (e.g. income tax refu			
Other assets: (e.g. boat, artwork, jewelry	•	Š	
	,	·	
TOTAL ASSETS			3
PERSONAL LIABILITIES/DEBTS:			
Mortgages (principal amount remaining)			
Home Address)
Rental Property Address			<u> </u>
Vacation Property Address			<u> </u>
Other)
Vehicle Loans			
Year Make	Model Mileage		
Year Make	Model Mileage)
Other Loans (describe)			
)
Credit Card Balances Owing (Total of VISA			<u> </u>
TOTAL LIABILITIES		L= \$	
CALCULATE VOLID NET MODILL DV CLIDTE	ACTINIC ((A)) (Accepts) resigned	. ((1)) / Linkillition DAMA/ C	
CALCULATE YOUR NET WORTH BY SUBTE	ACTING A (Assets) minus	s - "L" (Liabilities) = PNW \$	
Current Employer:			
Position:			
Annual (Gross) Personal Income (shown	on LAST YEAR's Notice of As	ssessment or Tax Return) \$	<u> </u>
Additional Personal Income Earned LAST			
Estimated Gross Personal Income THIS C	ALENDAR YEAR	Ç	
By signing below you (Applicant) confirm	the information provided has	rein is accurate and true in all	respects Voy consent to the collection
and disclosure of Personal (or Business) Information for the purpose of cre with the lease or financing requested. Obtaining and sharing consumer/con	dit adjudication by Guardian Leasing Corp. (GLC) Inmercial reports from reporting agencies, financia	and/or its affiliates (lessors, banks, credit unions) or real institutions and any other references in connection w	eferring sources in order to provide the Appli ith the application. A fax or electronic signa
shall be accepted as an original execution. Social Insurance Numbers are us and/or its funders or affiliates may disclose or obtain Personal (or Business) may have financial dealings as well as GLC using said information to prom	Information in connection with the proposed finar		

Date: (MM/DD/YY)