

PATIENT FINANCING

ATB – Alberta Treasury Branch

480 – Crowfoot Cres N.W. Calgary T3G-5H7.

403-974-5767

(F) 403-974-5843

Branch Manager – Jeremy Friesen

To look at completing financing for the patient in a timely manner, please have the patient fill out the form in full and sign the bottom.

If resources are available at the branch, and they have enough notice (30 minutes sufficient), they can have somebody come to the clinic to process an application.

(Application time if it's a new client to ATB can take 30-40 minutes).

Once the form is complete, you can e-mail directly to jfriesen2@atb.com

Or you can fax it to the branch : 403-974-5843.

In addition to the form attached, could you please let the bank know what dollar amount or what level of financing is required.

Thank you,

Personal Financial Statement				Personal Banker			
				Date			
APPLICANT'S Surname, First Name, and Middle Name				Social Insurance #		Home #	Cell #
Present Address and Postal Code				Country of Residence		Occupancy	How Long
Previous Address (if less than 2 years at present address, please provide full 2 years history)							
Date of Birth		# of dependents	Marital Status				
Present Employer				Address		Telephone	
Exact Occupation				Employed From	Employed To	Income Type	Monthly Income \$
Previous Employer (if less than 2 years with present employer, please provide full 2 years history)							
Exact Occupation				Telephone	Employed From	Employed To	
ADDITIONAL APPLICANT'S Last Name, First Name, and Middle Name				Social Insurance #		Date of Birth	Association
Present Address and Postal Code, if different than above				Country of Residence		Occupancy	How Long
Previous Address (if less than 2 years at present address, please provide full 2 years history)							
Home #		Cell #					
Additional Applicant's Present Employer				Address		Telephone	
Exact Occupation				Employed From	Employed To	Income Type	Monthly Income \$
Previous Employer (if less than 2 years with present employer, please provide full 2 years history)							
Exact Occupation				Telephone	Employed From	Employed To	
Has the applicant ever claimed Bankruptcy?				▼ If Yes, date discharged?			
Has the additional applicant ever claimed Bankruptcy?				▼ If Yes, date discharged?			
Assets							
(Personal)(If married, include assets of both self and spouse)							
Cash/Investments	Type	Held at			Ownership	Amount	
Subtotal:						\$0.00	

Personal Property, such as motor vehicles, watercraft, and ATV's	Year, Make, Model	Value	Year, Make, Model	Value		
				Subtotal:	\$0.00	
Real Estate Owned, including real estate located outside of Canada	Civic Address and/or Legal Description		Mortgage Holder (or free and clear)	Ownership	Present Value	
				Subtotal:	\$0.00	
Other Assts, excluding household effects	Description		Value	Description	Value	
				Subtotal:	\$0.00	
Liabilities (Personal)(If married, Include Liabilities of Both Self and Spouse)						
Personal Loans	Bank/Other Lender		Monthly Payment	Security	Balance Owng	
				Subtotal:	\$0.00	
Credit cards and personal lines of credit	Bank/Other Lender		Monthly Payment	Security	Balance Owng	
Other Advance Cosigned or Guaranteed (Particulars with amounts)	Particulars			Terms	Balance Owng	
				Subtotal:	\$0.00	
Land Secured Loans, including mortgages and HELOCs	Bank/Other Lender		Monthly Payment	Security	Maturity Date	Balance Owng
Monthly Payment						
Property Tax						
Condo Fees						
Heat		(Required for Insured mortgage applications only)				
				Subtotal:	\$0.00	

Personal Financial Statement Recap

Assets	Amount	Liabilities	
Cash	\$0.00	Personal Loans	\$0.00
Stocks, Bonds, ETC (Cash value)		Other Liabilities	\$0.00
Life Insurance (Cash value)		Land Secured Loans, Etc.	\$0.00
Household and personal Effects			
Motor Vehicles	\$0.00		
Real Estate (Present Value)	\$0.00	Total Liabilities	\$0.00
Other Assets	\$0.00	Net Worth	\$0.00
Total Assets	\$0.00	Total	\$0.00

GDSR %		TDSR %	
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Shares and/or Shareholder's Loans in Private Corporation(s)

Name of Corporation	% of Shares	Book Value of Corp	Book Value of Shares	Value of Shareholder's Loan

Additional Information Applicable

The foregoing information is furnished for the purpose of obtaining advances from Alberta Treasury Branches and is hereby certified to be true and correct. I authorize and consent to the receipt and exchange of 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 you. 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 accordance with ATB's Privacy Code, available at my local branch or www.atb.com

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