



IAPO 2.1; 3.1

PERSONAL DATA INDIAN AGRICULTURAL PROGRAM OF ONTARIO

Information to be provided along with the application for loan.

(If more than one applicant, each completes Personal Data Form)

Applicant Information

Name _____
First Middle Initial Surname

Address _____
Postal Code _____

Phone Number (_____) _____ S.I.N. _____
area code

Birth _____
Day Month Year

Band _____ Band # _____ District _____

Education of Applicant

Last Grade Completed _____ School/College/University _____
Other Training _____

Place of Employment

Employer _____ Years of Service _____
Annual Salary _____

Previous Employer _____ Years of Service _____
Annual Salary _____

Family Information

Name of Spouse/Partner _____ # of Dependents _____
(including spouse/partner)
 Date of Birth _____
Day Month Year
 Band _____ Band # _____ District _____
 Place of Employment _____ Annual Salary \$ _____

Other Pertinent Personal Information (Bank, Life Insurance, Fire Insurance, etc.)

_____	_____	_____
Bank	Contact/Location	Telephone #
_____	_____	_____
Bank	Contact/Location	Telephone #
_____	_____	_____
Life Insurance Company	Contact/Location	Telephone #
_____	_____	_____
Property Insurance Company	Contact/Location	Telephone #

Assets

Personal Savings Accounts, Bonds, etc.	\$ _____
R.R.S.P. etc.	\$ _____
Vehicles not listed on Farm Balance Sheet	\$ _____
Real Estate not listed on Farm Balance Sheet	\$ _____
Household Furnishings	\$ _____
Other Assets (Specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
Total Assets	\$ _____

Liabilities

Personal Bank Loans	\$ _____
Personal Finance Company Loans	\$ _____
Charge Accounts	\$ _____
Credit Card Balances	\$ _____
Other Debts (Specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Liabilities	\$ _____

Credit Status (Explain any collections or judgements)

Statement of Credit

I certify that to the best of my knowledge the information given on this application is true and correct. The Indian Agricultural Program of Ontario is hereby authorized to check the accuracy of the information and obtain credit reports on me and each such source is hereby authorized to provide such information. I agree to indemnify the Indian Agricultural Program of Ontario against and save it harmless from any and all claims in damages otherwise arising from such disclosure on its part.

Date _____ Signature of Applicant _____

Date _____ Signature of Spouse _____
(or partner(s) if a Corporation)

Please mail the completed form to:

Indian Agricultural Program of Ontario
220 North St.,
Box 100
Stirling, Ontario
K0K 3E0