

APPLICANT INFORMATION

| | | | | | | | |
|---|--|---|-----------|----------------------------------|-----------------------------------|----------------------------------|--|
| First name | | Init. | Last name | | Social Insurance Number | | |
| Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law <input type="checkbox"/> Other | | | | Number of dependents | Date of Birth (month, date, year) | | |
| Current address | | | City/Town | | Province | Postal code | |
| Previous address (if less than 3 years at current address) | | | City/Town | | Province | Postal code | |
| Do you... <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other | | <input type="checkbox"/> Live with family | | Home phone - (include area code) | | Work phone - (include area code) | |
| Current employer | | Occupation | | How long? | | Gross annual income \$ | |
| Your email address - if available | | Do you have other income sources? | | | | Other annual income \$ | |
| Previous employer - If less than 3 years at current address | | Occupation | | How long? | | Gross yearly income \$ | |

CO-APPLICANT INFORMATION - if applicable

| | | | | | | | |
|---|--|---|-----------|--------------------------------|-----------------------------------|--------------------------------|--|
| First name | | Init. | Last name | | Social Insurance Number | | |
| Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law <input type="checkbox"/> Other | | | | Number of dependents | Date of Birth (month, date, year) | | |
| Current address | | | City/Town | | Province | Postal code | |
| Previous address (if less than 3 years at current address) | | | City/Town | | Province | Postal code | |
| Do you... <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other | | <input type="checkbox"/> Live with family | | Home phone - include area code | | Work phone - include area code | |
| Current employer | | Occupation | | How long? | | Gross annual income \$ | |
| Your email address - if available | | Do you have other income sources? | | | | Other annual income \$ | |
| Previous employer - If less than 3 years at current address | | Occupation | | How long? | | Gross yearly income \$ | |

ASSETS AND LIABILITIES

| Assets | Current Value | Liabilities | Current Balance | Monthly Payments |
|---------------------|---------------|--------------------------------|-----------------|------------------|
| Cash and savings | \$ | Credit cards | \$ | \$ |
| Real estate | \$ | Rent/Mortgage payments | \$ | \$ |
| RRSP | \$ | Personal loans/Lines of credit | \$ | \$ |
| Stocks and bonds | \$ | Support payments | \$ | \$ |
| Vehicles | \$ | Auto payments | \$ | \$ |
| Other: | \$ | Other: | \$ | \$ |
| Total Assets | \$ | Total Liabilities | \$ | \$ |

GENERAL PROPERTY INFORMATION

| | | | |
|---|--|------------------------|--|
| Dwelling type <input type="checkbox"/> Detached <input type="checkbox"/> Semi detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Condo | | Age | Ownership <input type="checkbox"/> Freehold <input type="checkbox"/> Condo |
| Dwelling style <input type="checkbox"/> One storey <input type="checkbox"/> Bi level <input type="checkbox"/> Two storey <input type="checkbox"/> Split level <input type="checkbox"/> Storey and a half <input type="checkbox"/> Three storey | | Size of home - sq. ft. | Garage type <input type="checkbox"/> Attached <input type="checkbox"/> Detached |
| Heating Type <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Hot water <input type="checkbox"/> Fireplace <input type="checkbox"/> Space heater <input type="checkbox"/> Wood stove | | Lot size | Garage size <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple |

LOAN MORTGAGE DETAILS

| | | | |
|--------------------------------------|--|--|---|
| Mortgage amount required \$ | Term requested Variable <input type="checkbox"/> Fixed <input type="checkbox"/> | <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr <input type="checkbox"/> 2yr <input type="checkbox"/> 4yr <input type="checkbox"/> 7yr | Amortization requested - Years 5yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr <input type="checkbox"/> 20yr <input type="checkbox"/> 25yr <input type="checkbox"/> Other <input type="checkbox"/> |
| Purchase Price - if applicable \$ | Down payment - if applicable \$ | Down payment source - if applicable <input type="checkbox"/> Savings <input type="checkbox"/> RRSP <input type="checkbox"/> Gift <input type="checkbox"/> Sale of Property | |
| Property address - if applicable | | City/Town | Province Postal code |

The applicant(s) hereby affirm that all information given above is true and complete and further consents to obtaining from any Credit reporting Agency/Credit Grantor such information as they may require at any time in connection with the credit hereby applied for and consents to the disclosure or exchange at any time of any information concerning the Applicant(s) to any Credit Reporting Agency or Credit Grantor with which they deal.

Applicant's Signature: _____ Co-Applicant's Signature: _____ Date: _____