

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		Home phone - (include area code)		Work phone - (include area code)		Fax number	
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 employer			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		Home phone - include area code		Work phone - include area code		Fax number	
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 employer			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		Purchase date - if applicable
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: _____



Fax: 403-509-2433 We'll be in touch with you shortly.