

Applicant:

Full Name:		Date of Birth: mm/dd/yyyy		Social Insurance Number:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Other				Number of Dependents:	
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		If Rent: \$	Home Phone:	Mobile:	Fax:
Email Address:			ID Type, ID Number, ID expiry:		
Current Employer (Company Name):		Time with Employer:	Occupation:	Time in Industry:	
Income Type: <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Self Employed <input type="checkbox"/> Contract		Rate:	Gross Annual Income:		
Employer Address:		Postal Code:	Employer Phone Number:		
Previous Employer including postal code(If less than 3 years):		Time with Employer:	Occupation:	Time in Industry:	
Income Type: <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Self Employed <input type="checkbox"/> Contract		Rate:	Gross Annual Income:		
Employer Address:		Postal Code:	Employer Phone Number:		

Co – Applicant Information:

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Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Other				Number of Dependents:	
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Employer Address:		Postal Code:	Employer Phone Number:		

Assets:

Bank Account:	Institution:	Value:
Bank Account:	Institution:	Value:
Stocks/Bonds/Mutual:	Institution:	Value:
RRSP:	Institution:	Value:
Automobile:	Year / Make / Model:	Value:
Other:	Description:	Value:

Down Payment:

Description (own resources, gift etc):	Amount:
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Liabilities:

Bank Loan/Credit Line:	Institution:	Balance:	Monthly Payment:
Bank Loan/Credit Line:	Institution:	Balance:	Monthly Payment:
Credit Card:	Institution:	Balance:	Monthly Payment:
Credit Card:	Institution:	Balance:	Monthly Payment:
Other:	Institution:	Balance:	Monthly Payment:

Current Mortgages & Properties Owned:

Property #1:

Address:			
Existing Lender Name:	Existing Mortgage Amount:	Existing Rate:	Strata Fees:
Mortgage Expiry Date:	Existing Mortgage Payment:	Rental Income:	

Property #2:

Address:			
Existing Lender Name:	Existing Mortgage Amount:	Existing Rate:	Strata Fees:
Mortgage Expiry Date:	Existing Mortgage Payment:	Rental Income:	

Property #3:

Address:			
Existing Lender Name:	Existing Mortgage Amount:	Existing Rate:	Strata Fees:
Mortgage Expiry Date:	Existing Mortgage Payment:	Rental Income:	