



Fax 905-850-6843

Tel 1-866-642-3074 905-850-6842

301C-3800 Steeles Ave. W.

Vaughan ON L4L 4G9

APPLICANT				
First Name	Last Name	Date of Birth	SIN	
Tel. Res.	Tel. Bus.	Tel. Cell.		
Email Address		Marital Status		
Address	City	Prov	Postal Code	
Employer	Gross Annual Income			
CO-APPLICANT				
First Name	Last Name	Date of Birth	SIN	
Tel. Res.	Tel. Bus.	Tel. Cell.		
Email Address		Marital Status		
Address	City	Prov	Postal Code	
Employer	Gross Annual Income			
Value of Home	Purchase Date		Purchase Price	
Existing Mortgage Amount	Rate	Payment	Lender	
ASSETS	Value	LIABILITIES	Total Debt	Monthly Payments
Cash		Credit Card		
Principal Res.		Credit Card		
Rental/Other Prop.		Credit Card		
RRSPs		Credit Card		
Stocks/Bonds		Credit Card		
Vehicle 1		Principal Res. Mtg.		
Vehicle 2		Rental/ Other Prop.		
		Credit Lines/Loans		
		Total Other Debts		
Total Assets		Total Liabilities		

I/We warrant and confirm that the information given in the financial application form is true and correct and I/we understand that it is being used to determine my/our credit responsibility. You are authorized to obtain any information you may require relative to this application from any sources to which you may apply and each such source is hereby authorized to provide you with such information. You are furthermore authorized to disclose, in response to direct inquiries from any other lender or credit bureau, such information on my loaning account as you consider appropriate, and I/we agree to indemnify you against and save you harm from any and all claims in damages or otherwise arising from such disclosure on your part. You are also authorized to retain the application whether or not the relative mortgage/financing is approved.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____