

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		How Long?
Previous address (if less than 3 years at current address)						City/Town			Province	Postal code		How Long?
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)			Email		
Current employer						Occupation			How long?	Gross annual income \$		
Previous employer - If less than 3 years at current address						Occupation			How long?	Gross yearly income \$		
Do you have other income sources?						Other annual 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		How Long?
Previous address (if less than 3 years at current address)						City/Town			Province	Postal code		How Long?
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)			Email		
Current employer						Occupation			How long?	Gross annual income \$		
Previous employer - If less than 3 years at current address						Occupation			How long?	Gross yearly income \$		
Do you have other income sources?						Other annual income \$						

ASSETS AND LIABILITIES

Banking Institution

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

REAL ESTATE

Asset Value	Mortgage Balance	Payments per Period	Payment Frequency	Lender	Property Taxes
\$	\$				\$

DOWN PAYMENT INFORMATION

Downpayment Amount \$	Source of Funds
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