

Personal Information

First Name <input style="width: 90%;" type="text"/>	Middle <input style="width: 90%;" type="text"/>	Last Name <input style="width: 90%;" type="text"/>
Date of Birth (yyyy-MM-DD) <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/>	S.I.N. <input style="width: 50%;" type="text"/>	Phone: <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Common Law		Number of dependants: <input style="width: 20%;" type="text"/>

Present address

Street # <input style="width: 80%;" type="text"/>	Street name <input style="width: 90%;" type="text"/>	Apartment # <input style="width: 80%;" type="text"/>
City <input style="width: 80%;" type="text"/>	Province <input style="width: 80%;" type="text"/>	Postal Code <input style="width: 80%;" type="text"/>
Monthly Payment \$ <input style="width: 80%;" type="text"/>	Yrs. at present address <input style="width: 80%;" type="text"/>	Yearly property tax <input style="width: 80%;" type="text"/>
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> w/parents		Do you share rent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Previous address (if < 2 years at present)

<input style="width: 95%;" type="text"/>	Years at previous. <input style="width: 30%;" type="text"/>
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Employment Information

Company Name <input style="width: 90%;" type="text"/>	<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Occupation <input style="width: 90%;" type="text"/>	Years at Present Job <input style="width: 80%;" type="text"/>
Work Tel: <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/>	Gross monthly income <input style="width: 80%;" type="text"/>
Are You Self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly wage <input style="width: 20%;" type="text"/> Hours per week <input style="width: 20%;" type="text"/>
Other income source (2nd job/rental property etc.) <input style="width: 90%;" type="text"/>	2nd monthly income <input style="width: 80%;" type="text"/>
Previous Employment (if less then 2 yrs. at present) <input style="width: 90%;" type="text"/>	Yrs. at previous employment <input style="width: 80%;" type="text"/>

Financial Information

Previous bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Year <input style="width: 20%;" type="text"/>	Vehicle repossession? <input type="checkbox"/> Yes <input type="checkbox"/> No
Can you provide proof of income? <input type="checkbox"/> Yes <input type="checkbox"/> No	Loan amount: <input style="width: 80%;" type="text"/>
Do You have a co-signer? * <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Your Bank <input style="width: 80%;" type="text"/>

Assets

Liabilities

	Value	Mortgage holder <input style="width: 80%;" type="text"/>	Balance <input style="width: 80%;" type="text"/>	
			Payment	Balance
RRSP	\$ <input style="width: 80%;" type="text"/>	VISA / MC	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Mutual Funds	\$ <input style="width: 80%;" type="text"/>	Line of credit	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Stocks	\$ <input style="width: 80%;" type="text"/>	Personal Loan	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Real Estate	\$ <input style="width: 80%;" type="text"/>	Other	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

References

Name <input style="width: 95%;" type="text"/>	tel.# <input style="width: 80%;" type="text"/>
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Name <input style="width: 95%;" type="text"/>	tel.# <input style="width: 80%;" type="text"/>
Signature : <input style="width: 80%;" type="text"/>	Date : <input style="width: 80%;" type="text"/>