

CREDIT APPLICATION

Application Process

Step I

Please Forward the completed application by email to the contact coordinates found in the signature line of the email along with **confirmation of income by way of current paystubs** for all applicants and **two pieces of ID**:

- One of which must be a current picture driver's license (please submit a copy of the front and back)
- Current passport, citizenship, SIN or major credit card

Please note: Health Cards are no longer accepted as I.D. A digital picture emailed or texted works best for readable ID, or photocopy ID as light as possible and then email it. We find passports and SIN cards work best for clarity when copying.

Once your application is received, your Agent- Regional Director will confirm receipt and proceed to underwrite your credit request or contact you to discuss details, as is appropriate.

Step II

Your Agent- Regional Director will provide a commitment letter that outlines all terms and conditions for your signature and return. Upon receipt of your signed commitment letter and any items listed under conditions – arrangements will be made for the preparation of the closing documents and you will be contacted to make arrangements for the closing signing and distribution of funds.

Brokerage License 12185





Credit Application

Please check if you are: EDUCATION MEMBER FAMILY MEMBER NEW CLIENT EXISTING CLIENT

School board affiliation(s): OSSTF ETFO OECTA AEFO OPC

CPCO COLLEGE UNIVERSITY ~~UNIVERSITY~~ OTHER _____

DETAILS

Credit Product Requested

MORTGAGE LOAN

LINE OF CREDIT-SECURED LINE OF CREDIT-UNSECURED

PURPOSE OF FUNDS REQUESTED: _____

AMOUNT REQUESTED: Maximum Eligibility
OR

How did you hear about us?

COLLEAGUE FAMILY ENEWS

ONLINE WORKSHOP

PUBLICATION (PLEASE LIST): _____

OTHER (PLEASE SPECIFY): _____

In order to provide you with a Credit Insurance quote please indicate: Smoker
Non-Smoker

CONTACT INFORMATION

Applicant

MR MRS MISS MS PROF. DR.

FIRST NAME _____ MIDDLE NAME _____

LAST NAME _____

SOCIAL INSURANCE NUMBER _____ DATE OF BIRTH (MM/DD/YY) _____

MARTIAL STATUS _____ NUMBER AND AGE OF DEPENDANT(S) _____

CURRENT ADDRESS _____ APT/UNIT # _____

CITY _____ PROVINCE _____ POSTAL CODE _____

OWN RENT: _____

HOW LONG AT CURRENT ADDRESS _____ RENT PER MONTH _____

BUSINESS PHONE _____ CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

PREVIOUS ADDRESS (IF LESS THAN 3 YEARS AT CURRENT ADDRESS) _____ APT/UNIT # _____

CITY _____ PROVINCE _____ POSTAL CODE _____

OWNED _____

HOW LONG AT PREVIOUS ADDRESS _____ RENTED _____

Spousal / Co-Applicant

MR MRS MISS MS PROF. DR.

FIRST NAME _____ MIDDLE NAME _____

LAST NAME _____

SOCIAL INSURANCE NUMBER _____ DATE OF BIRTH (MM/DD/YY) _____

MARTIAL STATUS _____ NUMBER AND AGE OF DEPENDANT(S) _____

CURRENT ADDRESS _____ APT/UNIT # _____

CITY _____ PROVINCE _____ POSTAL CODE _____

OWN RENT: _____

HOW LONG AT CURRENT ADDRESS _____ RENT PER MONTH _____

BUSINESS PHONE _____ CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

PREVIOUS ADDRESS (IF LESS THAN 3 YEARS AT CURRENT ADDRESS) _____ APT/UNIT # _____

CITY _____ PROVINCE _____ POSTAL CODE _____

OWNED _____

HOW LONG AT PREVIOUS ADDRESS _____ RENTED _____

EMPLOYMENT INFORMATION

Applicant

FULL-TIME PART-TIME SEASONAL LTO OCCASIONAL RETIRED *

CURRENT EMPLOYER/SCHOOL BOARD DISTRICT # NAME OF SCHOOL

ADDRESS

CITY PROVINCE POSTAL CODE

POSITION HOW LONG AT CURRENT EMPLOYER

BUSINESS EMAIL

GROSS INCOME SALARY HOURLY CONTRACT

PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS WITH CURRENT EMPLOYER)

ADDRESS

CITY PROVINCE POSTAL CODE

POSITION BUSINESS PHONE

ANNUAL INCOME AT PREVIOUS EMPLOYER HOW LONG AT PREVIOUS EMPLOYER

OTHER INCOME IF APPLICABLE GROSS AMOUNT PER ANNUM SOURCE

Spousal / Co-Applicant

FULL-TIME PART-TIME SEASONAL LTO OCCASIONAL RETIRED *

CURRENT EMPLOYER/SCHOOL BOARD DISTRICT # NAME OF SCHOOL

ADDRESS

CITY PROVINCE POSTAL CODE

POSITION HOW LONG AT CURRENT EMPLOYER

BUSINESS EMAIL

GROSS INCOME SALARY HOURLY CONTRACT

PREVIOUS EMPLOYER (IF LESS THAN 3 YEARS WITH CURRENT EMPLOYER)

ADDRESS

CITY PROVINCE POSTAL CODE

POSITION BUSINESS PHONE

ANNUAL INCOME AT PREVIOUS EMPLOYER HOW LONG AT PREVIOUS EMPLOYER

OTHER INCOME IF APPLICABLE GROSS AMOUNT PER ANNUM SOURCE

* Note: If you are retired, please indicate year of retirement, previous employer, years of services and current annual gross income from all sources

REAL ESTATE INFO

PRIMARY RESIDENCE SECOND HOME COTTAGE RENTAL PROPERTY

ANNUAL PROPERTY TAX AMOUNT ESTIMATED CURRENT VALUE OF PROPERTY **INDICATE ADDRESS IF OTHER THEN PRIMARY ADDRESS**

YEAR PURCHASED PURCHASE PRICE \$ NAME OF MORTGAGE COMPANY (IF APPLICABLE) INTEREST RATE

BI-WEEKLY MONTHLY FIXED VARIABLE

MATURITY DATE (mm/dd/yy) MORTGAGE PAYMENT MORTGAGE TERM (IN YEARS)

MORTGAGE BALANCE \$ ORIGINAL MORTGAGE AMOUNT \$ MONTHLY CONDO FEE \$ (IF APPLICABLE) PROPERTY TAXES INCLUDED IN MORTGAGE PAYMENT: YES NO

IF RENTAL PROPERTY: MONTHLY RENTAL INCOME \$ LEASE TERM MATURITY DATE RENT INCLUDES UTILITIES: YES NO

FINANCIAL INFORMATION

Assets

CHEQUING SAVINGS	_____	_____	_____
	INSTITUTION	TOTAL AMOUNT	
RRSP/RRIF	_____	_____	
	INSTITUTION	TOTAL AMOUNT	
RRSP /RRIF	_____	_____	
	INSTITUTION	TOTAL AMOUNT	
TFSA	_____	_____	
	INSTITUTION	VALUE	
RESP	_____	_____	
	INSTITUTION	VALUE	
VEHICLE 1 MAKE MODEL YEAR	_____	_____	_____
			VALUE
VEHICLE 2 MAKE MODEL YEAR	_____	_____	_____
			VALUE
STOCK/BONDS	_____	_____	
	INSTITUTION	TOTAL AMOUNT	
MUTUAL FUNDS	_____	_____	
	INSTITUTION	TOTAL AMOUNT	
GIC/TERM DEPOSIT	_____	_____	
	INSTITUTION	TOTAL AMOUNT	
<i>(ADD UP VALUE/AMOUNTS OF ALL ASSETS)</i>			

		TOTAL ASSETS	

Liabilities

INSTITUTION	CURRENT INTEREST RATE	AMOUNT OWING (\$)	MARK DEBT TO BE CONSOLIDATED
LINE OF CREDIT 1	_____	_____	_____
LINE OF CREDIT 2	_____	_____	_____
AUTO LOAN 1	_____	_____	_____
AUTO LOAN 2	_____	_____	_____
CREDIT CARD 1	_____	_____	_____
CREDIT CARD 2	_____	_____	_____
CREDIT CARD 3	_____	_____	_____
CREDIT CARD 4	_____	_____	_____
OTHER LOAN/DEBT	_____	_____	_____
OTHER LOAN/DEBT	_____	_____	_____
<i>(ADD UP TOTAL AMOUNT OWING OF ALL LOANS/DEBTS)</i>			_____
			TOTAL LIABILITIES

ADDITIONAL INFO

Provide additional details (i.e. details of other income, unusual employment circumstances, other assets, additional real estate holdings etc. if applicable). For additional real estate holdings – please include the same information as is requested on the bottom of page # 2.

If this request is to finance a property, please complete the following information on the property to be mortgaged:

DETACHED	SEMI	TOWNHOUSE	CONDO	BUNGALOW	SPLIT LEVEL	2 STOREY	
GARAGE	NONE	SINGLE	DOUBLE	TRIPLE	ATTACHED	DETACHED	AGE OF BUILDING
SQ FT OF LIVING AREA NOT INCLUDING BASEMENT		SQ FT OF LOT OR LOT DIMESIONS		MUNICIPAL WATER WELL	MUNICIPAL SEWAGE SEPTIC	TYPE OF HEAT	

