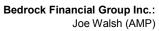


Fax: 866-513-0030 moneynet@bellnet.ca



Applicants Personal Information					
First Name:	Initial:	Last Name:			
Address:	City:	Postal Code:	Email address:		
How long have you lived there:	Accommodations: Own	Rent _ \$mor	nth Live with Relatives		
Phone Number: () Date	e of Birth: (m/d/y)/	/Dependa	nts:		
SIN://	Occupation:		Full Time: □ Part Time: □		
Employer:	Length	of Employment:	Work Phone Number: ()		
Address:	Gross Annual Income: \$				
Previous Employer (if at present job less that	ob less that 3 years): Length of Employment:				
Occupation:	Gross Annual Income: \$ Marital Status:				
Co-Applicants Personal Information					
First Name:	Initial:	Last Name:			
Address:	City:	Postal Code:	Email:		
Phone Number: (Date	of Birth: (m/d/y)/	SIN: _	<u>/</u>		
Occupation:		Full Time: □ P	Part Time:		
Employer:	Length	of Employment:V	Work Phone Number: ()		
Address:		Gross Annual In-	come: \$		
Previous Employer (if at present job less that	at 3 years):	Len	gth of Employment:		
Occupation:	Gross Annual Inco	ome: \$			
Financing Needs:					
How much do you wish to borrow? \$		-			
Closing Date? (m/d/year)/	/ Applicable Interes	et Rate%	Type:		
How would you like to pay your Loan?	Weekly \square Bi-weekly \square	Monthly \square			
Are you currently a Co-Signer on anothe	rloan? Yes 🗆 No 🗆				
Have you Declared Bankruptcy within th	e past 7 Years? Yes 🗆 No 🗈				
Account Information for loan payments:					
Bank Name	Transit #	_ Account #			







Please complete the following Financial Statement:

Assets	Value	Liabilities	Balance Owing	Monthly Payment
Bank Accounts: (account number & name of institution)		Credit Cards:		
(account name)				
Investments:		Bank Loans:		
Retirement Savings Plans (RSPs)				
Automobiles:		Automobile Lease Payments		
Property Owned (addresses)		Property Taxes		
		Mortgage (s)		
TOTAL		TOTAL		
Property owned details:				
Street Address:		City:		
Property Type: Detached □ Semi-detach	ed Townhome	□ Condo □ Other:		



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Property Style:	Two-Story □ Bunga	alow Split-level	Garage Type: Sing	gle Double Triple		
Use of Property:	Owner Occupied	Rental Monthly re	ental Income:			
Annual Property T	Annual Property Taxes (estimated) \$ Annual Heating Costs (estimated) \$ Condo Fees \$					
Solicitor Informa	tion					
Name of Solicitor		Firn	n			
Street Address			_City	Postal Code		
Phone Number (_)	Fax Number ()			
IMPORTANT: In	order to process your app	olication, we require all of the f	ollowing information:			
	 Loan Application 	completed and signed				
	■ Employment confi	rmation. Minimum two of the	following: Letter from emp	ployer, T-4, Pay stub or Notice of Assessment		
	Assets: last 3 mon	ths bank statements, current inv	vestment statements (ie RR	SP's, GIC's,, etc.).		
	 If you are self-emp 	ployed: Notice of Assessments	for past 3 years and your f	nancial statements.		
		FAX THE ABOVE INFORM	MATION TO: 866 513 0	030		
APPLICATION AU	THORIZATION					
franchise and release and fo of the loan no is placed and	that it is not acti rever discharge the t being advanced or to indemnify and sa	ing as my/our agent. I/W franchisee and the fra from fluctuations in t ave harmless the franchi	e, in consideration nchisor from any cla he market either bef see and the franchis	ated Dominion Lending Centre of the receipt of \$1.00, agree to im which I/we may have as a result ore or after my/our loan application or from any claim over relief by any int is supplied to me/us by a		
hereto, includ presentes conf	ing notices, have birment leur volonte	peen and shall be drawn	up in the English la de meme que cette co	l as all other documents relating nguage only. Les parties aux nvention, de mem que tous les glaise.		
		ormation given in my/our gage loan and/or financ		lete and correct and is given for for.		
deem appropria credit bureaus	te and to the shari	ing or exchange of repore, and/or any other pers	ts and information w	affiliates from time to time as you ith the credit reporting agencies, m or enterprise with whom I/we have		
Applicant authoriz	ation:		Date:			
Co-applicant author	orization:		Date:			