

PERSONAL INFORMATION
APPLICANT

FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH (yyyy-mm-dd) (yyyy-mm-dd)	SOCIAL INSURANCE NUMBER (OPTIONAL) - -
CURRENT ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE	<input type="checkbox"/> OWN <input type="checkbox"/> OTHER <input type="checkbox"/> RENT
HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE	EMAIL	
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED				
EMPLOYMENT: <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> COMMISSION <input type="checkbox"/> SEASONAL <input type="checkbox"/> RETIRED				
EMPLOYER	OCCUPATION	LENGTH OF EMPLOYMENT	GROSS ANNUAL INCOME (\$)	

 CO-APPLICANT **GUARANTOR**

FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH (yyyy-mm-dd) (yyyy-mm-dd)	SOCIAL INSURANCE NUMBER (OPTIONAL) - -
CURRENT ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE	<input type="checkbox"/> OWN <input type="checkbox"/> OTHER <input type="checkbox"/> RENT
HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE	EMAIL	
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED				RELATIONSHIP TO APPLICANT
EMPLOYMENT: <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> COMMISSION <input type="checkbox"/> SEASONAL <input type="checkbox"/> RETIRED				
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MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON LAW <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED				RELATIONSHIP TO APPLICANT
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EMPLOYER	OCCUPATION	LENGTH OF EMPLOYMENT	GROSS ANNUAL INCOME (\$)	

PROPERTY INFORMATION - PROPERTY TO BE FINANCED

TYPE: <input type="checkbox"/> RETAIL STORE <input type="checkbox"/> MIXED-USE PROPERTY <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> OFFICE BUILDING <input type="checkbox"/> OTHER				
PROPERTY ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE	OCCUPIED BY: <input type="checkbox"/> APPLICANT <input type="checkbox"/> BOTH <input type="checkbox"/> TENANT
MONTHLY RENTAL INCOME \$	ANNUAL PROPERTY TAX \$	MONTHLY MAINTENANCE FEE (IF APPLICABLE) \$	APPROXIMATE SQUARE FOOTAGE	

SOLICITOR INFORMATION

SOLICITOR NAME	TELEPHONE	FAX		
SOLICITOR FIRM NAME	SOLICITOR ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE



MORTGAGE APPLICATION COMMERCIAL LENDING

FINANCIAL INFORMATION - Attach a separate schedule of all real estate owned held directly or indirectly

BANKING INFORMATION		INSTITUTION		TRANSIT	ACCOUNT NUMBER
ASSETS	VALUE	LIABILITIES	BALANCE	MONTHLY PAYMENT	
CASH IN BANK	\$	MORTGAGE	\$	\$	
REAL ESTATE - RESIDENCE	\$	MORTGAGE	\$	\$	
REAL ESTATE - OTHER	\$	PERSONAL LOAN	\$	\$	
AUTO	\$	PERSONAL LOAN	\$	\$	
AUTO	\$	CREDIT CARD	\$	\$	
STOCKS/BONDS/CSB'S	\$	CREDIT CARD	\$	\$	
LIFE INSURANCE	\$	OTHER	\$	\$	
OTHER	\$	OTHER	\$	\$	
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$	\$	
NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES)		\$			

FINANCING REQUIREMENTS

PURCHASE

PURCHASE PRICE / APPRAISAL VALUE	CLOSING DATE (yyyy-mm-dd)	COF DATE (yyyy-mm-dd)	DOWN PAYMENT \$	SOURCE OF DOWN PAYMENT <small>(ATTACH BANK STATEMENTS)</small>
1 ST MORTGAGE		2 ND MORTGAGE		
AMOUNT REQUESTED \$	TERM (years)	AMORTIZATION (years)		

REFINANCE

PURPOSE OF FUNDS: DEBT CONSOLIDATION HOME IMPROVEMENTS BUSINESS PURPOSES INVESTMENT
 OTHER (PLEASE SPECIFY): _____

1 ST MORTGAGE		2 ND MORTGAGE		
AMOUNT REQUESTED \$	TERM (years)	AMORTIZATION (years)	APPRAISAL VALUE \$	

The above information includes all my/our debts. In connection with my/our application for credit, I/we hereby take notice that Equitable Bank may be referring to a consumer report respecting me/us containing personal information and/or credit information I/we hereby consent thereto and to the disclosure of such information to other credit grantor or consumer reporting agency. I/We certify that the information herein contained is in all respects and details completely true. I/We understand that any commitment given is contingent on the correctness of information give. Equitable Bank may collect and use personal information from you and about you to meet all legal and regulatory requirements.

Applicant Signature

Co-Applicant/Guarantor Signature

Co-Applicant/Guarantor Signature

Date

Date

Date