

Assured Mortgage Services Inc.

Lyle Somers and Carlo Carpino Tel: (905)450-8300 Fax (905)450-6736

REFERRED BY:		AMOUNT: \$			DATE:	
SURNAME-Applicant:		First Name:		DOB(m/d/y):		SIN:
SURNAME Co-Applicant:		First Name:		DOB(m/d/y)		SIN:
Marital Status	No. of Dependents					
Present Address:						
Postal Code	How Long	Monthly Rent	Home Phone No.		Business No.	
Landlords Name:		Address:			Phone:	
Previous Address (at least 3 yrs):						
MORTGAGE DETAILS:						
1st Mort.	Mortgagee:	Maturity Date:	Monthly Payment:	Rate:	Type:	
2nd Mort.						
Amount of 1st Mortgage:		Amount of 2nd Mortgage:		Property Taxes:		
Date Purchase:		Purchase Price:		Present Value:		
EMPLOYMENT:						
Employer's Name & Address:						
Phone No:		Position:		Since:	Annual Income:	
Previous Employer (at least three years):						
Spouse's Employer:						
Phone No:		Position:		Since:	Annual Income:	
Previous Spouse's Employer:						
Other Income:						
Total Family Income:						
ASSETS	Balance Amount	Bank/Institution	LIABILITIES	Bank/Institution	Total Balance Owing	Monthly Payments
Bank Account			Bank Loan			
Bank Account			Bank Loan			
Deposit on Purchase			1 st Mortgage			
Investments			2 nd Mortgage			
Investments			Credit Cards			
RRSP			Credit Cards			
Real Estate			Credit Cards			
Real Estate			Credit Cards			
Vehicles			Credit Cards			
Vehicles			Car Loan			
Any Other			Any Other			
Any Other			Any Other			
TOTAL			TOTAL			
Ref. Name:		Address:			Phone:	

IN CONNECTION WITH MY APPLICATION FOR CREDIT, I ACKNOWLEDGE NOTICE OF THE FACT THAT YOU, YOUR LENDER(S) OR AGENT(S) MAY BE REFERRING TO A CONSUMER REPORT RESPECTING ME CONTAINING PERSONAL INFORMATION AND OR CREDIT INFORMATION AND I HEREBY CONSENT THERETO AND TO THE DISCLOSURE OF SUCH INFORMATION TO OTHER CREDIT GRANTORS OR TO A CONSUMER REPORTING AGENCY.

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS APPLICATION IS, TO THE BEST OF MY/OUR KNOWLEDGE, COMPLETE AND ACCURATE.

DATED AT _____, THIS _____ DAY OF _____ 200 _____

SIGNATURE: APPLICANT _____

CO-APPLICANT _____