

PERSONAL INFORMATION

APPLICANT (INDIVIDUAL)

FIRST NAME	INITIAL	LAST NAME	DATE OF BIRTH (yyyy-mm-dd)	SOCIAL INSURANCE NUMBER <small>(OPTIONAL)</small>	
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)	SOCIAL INSURANCE NUMBER <small>(OPTIONAL)</small>	
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					
EMPLOYER		OCCUPATION	LENGTH OF EMPLOYMENT	GROSS ANNUAL INCOME (\$)	

APPLICANT (CORPORATE ENTITY)

CORPORATE NAME	SIGNING OFFICER(S) AND TITLE(S)				
CURRENT ADDRESS	CITY/TOWN	PROVINCE	POSTAL CODE	TELEPHONE	

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 INSURANCE FEE <small>(IF APPLICABLE)</small> \$	APPROXIMATE SQUARE FOOTAGE		

SOLICITOR INFORMATION

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

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>		COMMERCIAL EQUITY LINE OF CREDIT (CELOC) REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
TOTAL AMOUNT REQUESTED \$	TERM (years)	AMORTIZATION (years)	
REFINANCE			
PURPOSE OF FUNDS: <input type="checkbox"/> DEBT CONSOLIDATION <input type="checkbox"/> RENOVATIONS <input type="checkbox"/> BUSINESS PURPOSES <input type="checkbox"/> INVESTMENT <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____			
1 ST MORTGAGE EXISTING	2 ND MORTGAGE EXISTING	COMMERCIAL EQUITY LINE OF CREDIT (CELOC) REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
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