

LOAN APPLICATION

Credit Request Details

Seller's Name (Merchant/Contractor)				Sales Representative	Dealer Number
Amount \$	Interest Rate Prime + ___ = ___%	Term	Amortization	Description of Product/Service to be financed	

About the Applicant (Please complete all fields)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other	Name (Given Name/Initial/Family Name)	Social Insurance No.	Residential Status <input type="checkbox"/> Own <input type="checkbox"/> Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other		
Address (Unit Number, Street No. & Name)		City	Province	Postal Code	At Present Address Yrs: Mths:
Previous Address <i>if less than 2 years at present address</i>		City	Province	Postal Code	At Present Address Yrs: Mths:
Monthly Mortgage Payment	Mortgage Renewal Date	Home Phone No.	Birthdate (Mth/Day/Yr)	Drivers Licence No.	
Employer		Phone No.	Occupation	Gross Income \$ <input type="checkbox"/> Annual <input type="checkbox"/> Monthly	
With Present Employer Yrs: Mths:	Previous Employer (if less than 3 years)	Phone Number	Occupation	With Previous Employer Yrs: Mths:	
Credit Card Information (Only one required) <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> AMEX				Expiry Date	
#:					

Financial Information ASSETS (What you own) & LIABILITIES (What you owe)

Total Value	Amount Owning	Type	(Balance Owning)
Property (Home)		Lease payments:	
Other Assets (vehicle, RSP, other):		Other (loans, credit cards, credit lines)	
Other:		Other:	
Other:		Other:	

About the Co-Applicant (Where applicable)

<input type="checkbox"/> Spouse/Common Law <input type="checkbox"/> Parent <input type="checkbox"/> Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other	Name (Given Name/Initial/Family Name)	Social Insurance No.	Residential Status <input type="checkbox"/> Own <input type="checkbox"/> Parents <input type="checkbox"/> Rent <input type="checkbox"/> Other		
Address <i>if different from above</i> :(Unit Number, Street No. & Name)		City	Province	Postal Code	At Present Address Yrs: Mths:	
Monthly Mortgage Payment	Mortgage Renewal Date	Home Phone No.	Birthdate (Mth/Day/Yr)	Drivers Licence No.		
Employer		Phone No.	Occupation	Gross Income <input type="checkbox"/> Annual <input type="checkbox"/> Monthly		
With Present Employer Yrs: Mths:	Previous Employer (if less than 3 years)	Phone Number	Occupation	With Previous Employer Yrs: Mths:		
Credit Card Information (Only one required) <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> AMEX					Expiry Date	
#:						

Disclosure & Consent

In this Application, the word "you" means the Applicant and Co-Applicant, jointly and severally, the Bank means The Citizens Bank of Canada. By signing below, you affirm that the information you have given is true and complete and that you have not withheld any information. You also affirm that you are all the legal owner(s) of the premises where the property to be financed is to be installed.

You also agree that the Merchant/Contractor may disclose this information to the Bank to allow the Bank to decide whether or not to approve your financing application. You agree that the Bank may use this information to obtain further information about you as permitted by law; to share information about your application and credit history with Homeworks Services Inc., with the Merchant/Contractor, other credit grantors, credit bureau, suppliers of services and others who work with or for the Bank; and to use your social insurance number for the express purpose of verifying and sharing information. In addition, you authorize the Bank to obtain written documentation from and/or otherwise contact your employer, as a means of verifying your employment and income status and to use your social insurance number for the express purpose of verifying and sharing information.

Additionally, you authorize the Bank to use this information to determine which additional services offered by the Bank and its subsidiaries could be offered to you for your benefit.

_____ X _____ X _____
Date (Mth/Day/Yr) Applicants Signature Co-Applicant's Signature