



35639 Eagle View Place
Abbotsford, BC V3G 0C8
604.556.3893
info@YmsCanada.ca

PERSONAL CREDIT APPLICATION

Applicant Information

Name of Applicant:	Date of Birth: mm / dd / yyyy	SIN#:	
Marital Status:	No. of Dependents:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Phone: ()	Cell Phone: ()	Email Address:	
Present Address:	City:	Province:	Postal Code:
How long at present address:	Dwelling Status: <input type="checkbox"/> Rent/Lease <input type="checkbox"/> Own <input type="checkbox"/> Living with Parents <input type="checkbox"/> Other		
Former Address: (if less than 3 years at present address)			
City:	Province:	Postal Code:	How long at former address:
Present Employer:	Position:	How long:	
Employer Address:	Work Phone: ()	Income: \$	
Income Type: <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other <input type="checkbox"/> Additional Income (explain): _____	\$ _____		
Previous Employer (if less than 3 years at present employer)	Position:	Income: \$	
How long:	Previous Employer Address:	Work Phone: ()	

Co-applicant Information

Name of Co-applicant:	Date of Birth: mm / dd / yyyy	SIN#:	
Marital Status:	No. of Dependents:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Phone: ()	Cell Phone: ()	Email Address:	
Present Address:	City:	Province:	Postal Code:
How long at present address:	Dwelling Status: <input type="checkbox"/> Rent/Lease <input type="checkbox"/> Own <input type="checkbox"/> Living with Parents <input type="checkbox"/> Other		
Former Address: (if less than 3 years at present address)			
City:	Province:	Postal Code:	How long at former address:
Present Employer:	Position:	How long:	
Employer Address:	Work Phone: ()	Income: \$	
Income Type: <input type="checkbox"/> Salary <input type="checkbox"/> Hourly <input type="checkbox"/> Commission <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other <input type="checkbox"/> Additional Income (explain): _____	\$ _____		
Previous Employer (if less than 3 years at present employer)	Position:	Income: \$	
How long:	Previous Employer Address:	Work Phone: ()	

Your home. Your business. Your trusted Advisors.



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ASSETS & LIABILITIES

Assets (Banking Information):

Financial Institution	Account Type	Balance
		\$
		\$
		\$
		\$
		\$

Assets & Liabilities (Real Estate):

Address	Value	Mtg. Owning	Payment	Rental income	Institution	Maturity Date
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		
	\$	\$	\$	\$		

Assets & Liabilities (Other):

Description	Value	Creditor	Balance Owning	Payment
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Purpose of Loan: Purchase Refinance - if yes, for what reason: _____ Sale Price/Value: \$ _____

Property Address (if known): _____ Down Payment: \$ _____

City: _____ Province: _____ Postal Code: _____ Mortgage Required: \$ _____

How did you hear about us:

Real Estate Paper

Internet (pick one):

YMS Website

Google Maps

Sponsored Ad

Other: _____

Realtor. If so who: _____

Friend. If so who: _____

Bus Bench

Other: _____

The foregoing information is submitted for the purpose of establishing credit and is a true, full and correct statement of my financial condition as of the date shown. You, your subsidiaries and affiliates may collect credit and other personal information about me from third parties, including credit bureaus, credit grantors and those income sources and personal references that I identify to you. You, your subsidiaries and affiliates may also disclose credit and other financial information about me to credit bureaus, credit insurers, other credit grantors and each other. You may also send me emails with information on mortgages including information on rates, products and other lending information. This authorization is granted indefinitely and you may use this authorization for this credit application and for all future credit applications with your office whether these requests are made in writing or verbally. I may cancel this authorization any time with written notification.

Customer's Signature _____ Customer's Signature _____ Date _____

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