

APPLICANT PERSONAL INFORMATION

Mr./Ms./Mrs. Miss Dr.	First Name	Middle Name	Surname	Birth Date (yyyy-mm-dd)	
Present Address		City	Province	Postal Code	How Long Y: M:
Previous Address (if less than 2 years at present)		City	Province	Postal Code	Home Phone ()
Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Monthly Payments	Social Insurance Number (optional)		E-mail Address

APPLICANT EMPLOYMENT INFORMATION

Current Employer	Position	Phone Number ()	How Long Y: M:
Employers Address		City	Province
Postal Code		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/>		Gross Monthly Income: \$	
Previous Employer (if less than 2 years at current)	Position	How Long Y: M:	Other Monthly Income:

CO-APPLICANT PERSONAL INFORMATION

Mr./Ms./Mrs. Miss Dr.	First Name	Middle Name	Surname	Birth Date (yyyy-mm-dd)	
Present Address		City	Province	Postal Code	How Long Y: M:
Previous Address (if less than 2 years at present)		City	Province	Postal Code	Home Phone ()
Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		Monthly Payments	Social Insurance Number (optional)		E-mail Address

CO-APPLICANT EMPLOYMENT INFORMATION

Current Employer	Position	Phone Number ()	How Long Y: M:
Employers Address		City	Province
Postal Code		Self Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired <input type="checkbox"/>		Gross Monthly Income: \$	
Previous Employer (if less than 2 years at current)	Position	How Long Y: M:	Other Monthly Income: \$

BANK & REFERENCE INFORMATION

Name of Bank and Address		Outstanding Balance \$	Monthly Loan Payment \$	Other Monthly Obligations \$
Credit Card		Outstanding Balance \$	Monthly Payment \$	
Reference	Relationship	Address	City	Home Phone ()
Reference	Relationship	Address	City	Home Phone ()

Please correspond in English French Applicable in the province of Quebec only: It is the express wish of the parties that this Application and all documents relating to it be drawn up and executed in English. Les parties conviennent et exigent expressément que le contrat et tous les documents qui s'y rapportent soient rédigés en anglais.

The terms set out below the signature block of the Applicant and Co-Applicant are part of this Application. The Applicant and each additional Co-Applicant agree with the terms and conditions set forth in this agreement. By signing below, you agree that the information you have provided above is true and accurate, and that HMF (as defined on the next page) may collect, use and disclose your personal information as necessary for the purposes of processing your application, including verifying your identity, assessing your creditworthiness, and documenting the decision on this credit application, and for any of the other reasons described on the next page under the heading "Personal Information Consent". In particular, you agree that HMF may obtain a credit report or other credit or personal information from any credit reporting agency or credit bureau, financial institutions, your past and present employers, creditors and landlords, and any references provided on your application. Your SIN and other personal identifiers, if provided, will be used to verify your identity, including matching credit reports.

DATE _____ APPLICANT'S SIGNATURE _____ CO-APPLICANT'S SIGNATURE _____ CONTRACT NUMBER _____