

# Home Visions Canada

485, 1811 – 4<sup>th</sup> Street SW  
Calgary, Alberta T2S 1W2



Phone: 403.648.0562

Fax: 866.650.0506

## EACH APPLICANT MUST COMPLETE A SEPARATE APPLICATION

PLEASE PRINT - ALL information must be completed.

Address (city/neighbourhood/property) you are applying for: \_\_\_\_\_

Date of desired occupancy: \_\_\_\_\_ Desired price range: \$ \_\_\_\_\_

How much of a down payment can you raise? \$ \_\_\_\_\_ Timeline: \_\_\_\_\_

What monthly budget are you trying to work within for your house payment? \$ \_\_\_\_\_

Is your credit, good, fair, or ugly? \_\_\_\_\_ Have you already spoken with a Mortgage Broker? (circle) Y / N

Briefly describe your credit history: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

SIN: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # of Dependents: \_\_\_\_\_

Current Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Current Rent: \$ \_\_\_\_\_ /mth

### EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ How Long? \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Gross Monthly Income (*before deductions*): \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Any Additional Income (*not mentioned above*): \$ \_\_\_\_\_ Source: \_\_\_\_\_

\$ \_\_\_\_\_ Source: \_\_\_\_\_

#### Current Financial Obligations (SOURCE)

#### BALANCE

#### MONTHLY PAYMENT

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

I declare that the application is complete, true and correct and I herewith give my permission for anyone contacted to release the credit or personal information of the undersigned applicant to Management or their authorized agents, at any time, for the purposes of entering into and continuing to offer or collect on any agreement and/or credit extended. I further authorize Management or their Authorized Agents to verify the application information including but not limited to obtaining criminal records, contacting creditors, present or former landlords, employers and personal references, whether listed or not, at the time of the application and at any time in the future, with regard to any agreement entered into with Management. Any false information will constitute grounds for rejection of this application, or Management may at any time immediately terminate any agreement entered into in reliance upon misinformation given on the application.

\_\_\_\_\_  
Applicant Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

info@homevisionscanada.ca

FAX: 866.650.0506

www.HomeVisionsCanada.ca