



APPLICATION

Previous Applications		
Have you or your spouse ever applied for a loan or vehicle rental application from C.A.I. Financial?		
Have you or your spouse ever co-signed for a loan or vehicle rental application from C.A.I. Financial?		
If so, for whom?		
How did you hear about CAI Financial?		
Applicant Information		
Date:		
Amount Requested \$	Purpose for funds?	
Full Name (First, Middle, Last):		
Maiden Name or A.K.A.:		
Date of birth:	Canadian Citizen?	If no, country of birth:
Date arrived in Canada:	How long living in current Province or Territory?	
Current address:		
City:	Province:	Postal Code:
Cell Phone:	Home Phone:	Other Phone:
Email:	Other email:	Other email:
Own Rent (home)	Monthly payment or rent:	How long?
Previous address:		
City:	Province:	Postal Code:
Own Rent (home)	Monthly payment or rent:	How long?
Marital Status : Single Married Divorced Separated Domestic Partner		
Driver's License #:	S.I.N.:	
Employment Information		
Current employer:	How long?	
Employer address:		
City:	Province:	Postal Code:
Phone:	Email:	Fax:
Position:	Pay : Hourly Wage: Salary:	Annual income:
Emergency Contact / Relative / Friend / Referral		
Name of a person not residing with you:	Relationship:	
Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Name of a person not residing with you:	Relationship:	
Address:		
City:	Province:	Postal Code:
Phone:	Email:	
Name of a person not residing with you:	Relationship:	
Address:		
City:	Province:	Postal Code:
Phone:	Email:	

APPLICATION - continued

Co-applicant / Spouse Information				
Full Name (First, Middle, Last):			Relationship:	
Maiden Name or A.K.A.:				
Date of birth:		Canadian Citizen?	If no, country of birth:	
Date arrived in Canada:	How long living in current Province or Territory?			
Current address if different than applicant:				
City:		Province:	Postal Code:	
Cell Phone:	Home Phone:		Other Phone:	
Email:	Other email:		Other email:	
Own	Rent	Monthly payment or rent:		How long?
Marital Status: Single Married Divorced Separated Domestic Partner				
Driver's License #:			S.I.N.:	
Co-applicant Employment Information				
Current employer:			How long?	
Employer address:				
City:	Province:		Postal Code:	
Phone:	Email:		Fax:	
Position:	Hourly Wage:	Salary:	Annual income:	
Dependents				
Name:		Age:		
Name:		Age:		
Name:		Age:		
Bank Information				
Name:	Location:	Account: Cheque	Saving	Balance \$
Name:	Location:	Account: Cheque	Saving	Balance \$
Name:	Location:	Account: Cheque	Saving	Balance \$
Assets (savings, securities, car, ...)	Value \$	Liabilities (mortgage, loan, credit cards, ...)	Monthly \$	
Collateral – Vehicle				
Year:	Make:	Model:	Style / Trim:	
Colour:	Odometer:	V.I.N.		
Damage or Issues:				
Do you own the vehicle with no outstanding payments owing?				
Is there a lien against the vehicle?				
Collateral – Other				
Provide complete description:				

APPLICATION - continued

**CERTIFICATION OF COMPLETENESS AND ACCURACY
And
APPROVAL TO OBTAIN ADDITIONAL INFORMATION**

I authorize C.A.I. Financial to investigate my credit and personal history. Initial _____

I authorize agencies and persons contacted by C.A.I. Financial, in connection with this application, including credit reporting agencies, banks, and social service organizations, to provide information about my credit and personal history to C.A.I. Financial. Initial _____

I certify that the information contained in this application is complete and accurate. Initial _____

Applicant's signature _____

Date _____

Spouse's / Co-Applicant's signature _____

Date _____