

For Office Use Only

WAPP Reference # _____

Servicing Branch # _____

Primary Applicant:

Name (first/init./last): _____
 Address: _____
 City: _____ Prov.: _____ Postal code: _____
 Telephone: _____
 Home: (____) _____ Business (____) _____
 Years at Res.: _____ Months: _____
 Previous Address: _____
 _____ Yrs.: _____

Know Your Customer (KYC)

Male Female
 Marital Status: _____ Birth Date: (M/D/Y) _____
 Single S.I.N.: _____
 Married No. of Dependents: _____
 Widowed ID Type: _____ Reference # _____
 Separated ID Type: _____ Reference # _____
 Divorced
 Common Law ID Type: _____ Reference # _____
Dwelling Status: Rent Own
 Rents & Buying Living with parents
 Other: _____

Employment

Current Employer: _____
 Address: _____ City: _____ Prov.: _____
 Job Description: _____
 Annual Income: \$ _____
 Length of Employment: Yrs.: _____ Mths.: _____
 Industry Sector: _____
 Occupation: _____
Income Type: Salaried Self Employed Pensioner
 Alimony/Support Commission Contract
 Other: _____

Additional Income: _____ \$ _____

Previous Employer:

Job Description: _____
 Annual Income: \$ _____
 Length of Employment: Yrs.: _____ Mths.: _____
 Industry Sector: _____
 Occupation: _____

Existing Insurance Coverage

Group Life Insurance Coverage Amount \$ _____
 (i.e. Employer or Association Plan)
 Personal Life Insurance Coverage Amount \$ _____
 (i.e. Individual Coverage)
 Credit Protection Insurance Coverage Amount \$ _____
 (i.g. Mortgage Insurance)

Critical Illness Insurance coverage under existing plan(s) Yes No

Disability Insurance coverage under existing plan(s) Yes No

Assets / Liabilities

Types / Description	Financial Institution	Years	Asset Value	Liability Bal.	Mthly. Pymt.	Co-Borrower
_____	_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

Real Estate

Address: _____ \$ _____ \$ _____ \$ _____
 Address: _____ \$ _____ \$ _____ \$ _____

Co-Applicant:

Name (first/init./last): _____
 Address: _____
 City: _____ Prov.: _____ Postal code: _____
 Telephone: _____
 Home: (____) _____ Business (____) _____
 Years at Res.: _____ Months: _____
 Previous Address: _____
 _____ Yrs.: _____

Know Your Customer (KYC)

Male Female
 Marital Status: _____ Birth Date: (M/D/Y) _____
 Single S.I.N.: _____
 Married No. of Dependents: _____
 Widowed ID Type: _____ Reference # _____
 Separated ID Type: _____ Reference # _____
 Divorced
 Common Law ID Type: _____ Reference # _____
Dwelling Status: Rent Own
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 Other: _____

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Previous Employer:

Job Description: _____
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 Length of Employment: Yrs.: _____ Mths.: _____
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Existing Insurance Coverage

Group Life Insurance Coverage Amount \$ _____
 (i.e. Employer or Association Plan)
 Personal Life Insurance Coverage Amount \$ _____
 (i.e. Individual Coverage)
 Credit Protection Insurance Coverage Amount \$ _____
 (i.g. Mortgage Insurance)

Critical Illness Insurance coverage under existing plan(s) Yes No

Disability Insurance coverage under existing plan(s) Yes No

vehicles. yr make model value \$ Total Assets: \$
 Total Liabilities: \$