



LOAN APPLICATION

Please fill out the following form and send it via email at info@lasedac.ca or via fax at 418 842-8925 or via post at 2936 rue de la Faune, bureau 200, Wendake (Québec) G0A 4V0.

1. BORROWER'S IDENTIFICATION

FIRST NAME	<input type="text"/>	LAST NAME	<input type="text"/>
BAND NUMBER	<input type="text"/>	FIRST NATION	<input type="text"/>
CURRENT ADDRESS			
ADDRESS	<input type="text"/>		
APT # / UNIT / SUITE	<input type="text"/>		
CITY	<input type="text"/>	PROVINCE	<input type="text"/>
POSTAL CODE	<input type="text"/>		
SINCE	<input type="text"/>	OWNER	TENANT
RENT AMOUNT	<input type="text"/>	ELECTRICITY/HEATING COSTS	<input type="text"/>
EMAIL	<input type="text"/>		
PHONE (HOME)	<input type="text"/>	PHONE (CELL)	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	SOCIAL INSURANCE NUMBER	<input type="text"/>
CIVIL STATUS	<input type="text"/>		
SPOUSE'S FIRST NAME	<input type="text"/>	SPOUSE'S LAST NAME	<input type="text"/>
NUMBER OF DEPENDENTS	<input type="text"/>		

DO YOU HAVE A CO-BORROWER?

YES

NO (SKIP SECTION AND GO TO #2)

FIRST NAME

LAST NAME

BAND NUMBER

FIRST NATION

CURRENT ADDRESS

SAME ADDRESS AS BORROWER?

YES

NO (PLEASE FILL ADDRESS BELOW)

ADDRESS

APT # / UNIT / SUITE

CITY

PROVINCE

POSTAL CODE

SINCE

OWNER

TENANT

RENT AMOUNT

ELECTRICITY/HEATING COSTS

EMAIL

PHONE (HOME)

PHONE (CELL)

DATE OF BIRTH

SOCIAL INSURANCE NUMBER

CIVIL STATUS

SPOUSE'S FIRST NAME

SPOUSE'S LAST NAME

NUMBER OF DEPENDENTS

2. SOURCES OF INCOME

PLEASE JOIN A COPY OF A RECENT PAY STUB WITH THE APPLICATION

CURRENT EMPLOYER

EMPLOYER'S NAME

OFFICE PHONE

EMPLOYER'S ADDRESS

APT # / UNIT / SUITE

CITY

PROVINCE

POSTAL CODE

JOB TITLE

EMPLOYED SINCE

TAX-EXEMPT INCOME

YES

NO

JOB STATUS

REGULAR FULL TIME

REGULAR PART TIME

CONTRACTUAL

SEASONAL

OTHER

PREVIOUS EMPLOYER (IF YOU'RE CURRENT JOB IS LESS THAN 3 YEARS OLD PLEASE FILL SECTION BELOW)

EMPLOYER'S NAME

OFFICE PHONE

EMPLOYER'S ADDRESS

APT # / UNIT / SUITE

CITY

PROVINCE

POSTAL CODE

JOB TITLE

EMPLOYED FROM

EMPLOYED TO

TAX-EXEMPT INCOME

YES

NO

JOB STATUS

REGULAR FULL TIME

REGULAR PART TIME

CONTRACTUAL

SEASONAL

OTHER

INCOME

	YEAR	MONTH	2 WEEKS	WEEK
GROSS SALARY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NET SALARY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER SOURCES OF INCOME

CHECK RELEVANT SOURCES AND INDICATE MONTHLY INCOME:

- RENTAL INCOME
IF APPLICABLE, PLEASE PROVIDE COPIES OF LEASES OR RENTAL AGREEMENTS
- CHILD SUPPORT
- CANADA CHILD TAX BENEFIT
- ALIMONY
- PRIVATE PENSION PLAN BENEFITS
- QUEBEC PENSION PLAN BENEFITS
- SOCIÉTÉ DE L'ASSURANCE AUTOMOBILE DU QUÉBEC ALLOWANCE
- OLD AGE SECURITY PENSION
- OTHER TYPES OF INCOME REPLACEMENT INDEMNITIES
- INTEREST INCOME

CO-BORROWER SOURCES OF INCOME (SKIP IF NOT APPLICABLE)

PLEASE JOIN A COPY OF A RECENT PAY STUB WITH THE APPLICATION

CURRENT EMPLOYER

EMPLOYER'S NAME	<input type="text"/>		
OFFICE PHONE	<input type="text"/>		
EMPLOYER'S ADDRESS	<input type="text"/>		
APT # / UNIT / SUITE	<input type="text"/>		
CITY	<input type="text"/>	PROVINCE	<input type="text"/>
POSTAL CODE	<input type="text"/>		
JOB TITLE	<input type="text"/>	EMPLOYED SINCE	<input type="text"/>
TAX-EXEMPT INCOME	YES	NO	

JOB STATUS

REGULAR FULL TIME
CONTRACTUAL
OTHER

REGULAR PART TIME
SEASONAL

PREVIOUS EMPLOYER (IF YOU'RE CURRENT JOB IS LESS THAN 3 YEARS OLD PLEASE FILL SECTION BELOW)

EMPLOYER'S NAME

OFFICE PHONE

EMPLOYER'S ADDRESS

APT # / UNIT / SUITE

CITY

PROVINCE

POSTAL CODE

JOB TITLE

EMPLOYED FROM

EMPLOYED TO

TAX-EXEMPT INCOME

YES

NO

JOB STATUS

REGULAR FULL TIME
CONTRACTUAL
OTHER

REGULAR PART TIME
SEASONAL

INCOME

YEAR

MONTH

2 WEEKS

WEEK

GROSS SALARY

NET SALARY

OTHER SOURCES OF INCOME

CHECK RELEVANT SOURCES AND INDICATE MONTHLY INCOME:

RENTAL INCOME

IF APPLICABLE, PLEASE PROVIDE COPIES OF LEASES OR RENTAL AGREEMENTS

CHILD SUPPORT

CANADA CHILD TAX BENEFIT

ALIMONY

<input type="checkbox"/>	PRIVATE PENSION PLAN BENEFITS	<input type="text"/>
<input type="checkbox"/>	QUEBEC PENSION PLAN BENEFITS	<input type="text"/>
<input type="checkbox"/>	ALLOCATION DE LA SOCIÉTÉ DE L'ASSURANCE AUTOMOBILE DU QUÉBEC	<input type="text"/>
<input type="checkbox"/>	OLD AGE SECURITY PENSION	<input type="text"/>
<input type="checkbox"/>	OTHER TYPES OF INCOME REPLACEMENT INDEMNITIES	<input type="text"/>
<input type="checkbox"/>	INTEREST INCOME	<input type="text"/>

3. PROJECT DETAILS

DO YOU HAVE A PROJECT IN MIND?	YES	NO, I NEED TO KNOW MY BORROWING CAPACITY WITH ABSCAN FIRST.
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IF YES, PLEASE ELABORATE

WHAT IS YOUR ESTIMATE OF TOTAL COSTS?

ARE YOU PLANNING TO PUT IN PERSONAL EQUITY?	YES	NO
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IF YES, SPECIFY AMOUNT

WHAT ARE YOUR ABSCAN BORROWING REQUIREMENTS?

DO YOU HAVE OTHER SOURCES OF FINANCING (LOANS AND/OR GRANTS)?	YES	NO
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IF ANY, PLEASE SPECIFY:

AMOUNT	<input type="text"/>	SOURCE	<input type="text"/>
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MONTHLY REPAYMENT OBLIGATIONS (IF ANY, BY MONTH)	<input type="text"/>	/ MONTH
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4. ASSETS

PLEASE PROVIDE DOCUMENTED DETAILS OF YOUR ASSETS AND THOSE OF YOUR SPOUSE, IF APPLICABLE.

IF YOU NEED MORE SPACE, PLEASE USE A SEPARATE SHEET AND JOIN IT WITH YOUR APPLICATION.

BANK DEPOSIT

NAME OF FINANCIAL INSTITUTION	ACCOUNT TYPE	ACCOUNT NO	BALANCE
TOTAL:			

INVESTMENT(S) OTHER THAN RRSP

NAME OF FINANCIAL INSTITUTION	INVESTMENT TYPE	NOMINAL VALUE	MATURITY DATE	CURRENT VALUE
TOTAL:				

RRSP INVESTMENT

NAME OF FINANCIAL INSTITUTION	INVESTMENT TYPE	NOMINAL VALUE	MATURITY DATE	CURRENT VALUE
TOTAL:				

MOVABLE ASSETS (AUTOMOBILE, MOTORCYCLE, BOAT, ETC.)

DESCRIPTION	BRAND	MODEL	YEAR	VALUE
TOTAL:				

MAIN RESIDENCE				
ADDRESS	MUNICIPAL EVALUATION	INSURANCE PAYMENT	ANNUAL TAXES	CURRENT VALUE

SECONDARY RESIDENCE				
ADDRESS	MUNICIPAL EVALUATION	INSURANCE PAYMENT	ANNUAL TAXES	CURRENT VALUE

RENTAL PROPERTY				
ADDRESS	MUNICIPAL EVALUATION	INSURANCE PAYMENT	ANNUAL TAXES	CURRENT VALUE

LAND				
ADDRESS	MUNICIPAL EVALUATION	INSURANCE PAYMENT	ANNUAL TAXES	CURRENT VALUE

OTHER ASSETS (WORKS OF ART, LIFE-INSURANCE CASH VALUE, JEWELRY, ETC.)	
DESCRIPTION	VALUE
TOTAL:	
GRAND TOTAL OF ASSETS	

5. LIABILITIES

PLEASE LIST THE DETAILS FOR EACH CATEGORY OF LIABILITIES (DEBTS), INCLUDING THOSE OF YOUR SPOUSE, IF APPLICABLE.

AUTOMOBILE LOANS OR RENTAL

NAME OF FINANCIAL INSTITUTION	PURPOSE	AMOUNT AUTHORIZED	MATURITY DATE	MONTHLY PAYMENT	CURRENT VALUE
TOTAL:					

PERSONAL LOANS AND FUNDING (EG. ACCORDD)

NAME OF FINANCIAL INSTITUTION	PURPOSE	AMOUNT AUTHORIZED	MATURITY DATE	MONTHLY PAYMENT	CURRENT VALUE
TOTAL:					

REAL ESTATE LOANS

NAME OF FINANCIAL INSTITUTION	PURPOSE	AMOUNT AUTHORIZED	MATURITY DATE	MONTHLY PAYMENT	CURRENT VALUE
TOTAL:					

LINE OF CREDIT

NAME OF FINANCIAL INSTITUTION	PURPOSE	AMOUNT AUTHORIZED	PAYMENT TERMS	BALANCE
TOTAL:				

CREDIT CARD

NAME OF FINANCIAL INSTITUTION	PURPOSE	AMOUNT AUTHORIZED	PAYMENT TERMS	BALANCE
TOTAL:				

OTHER LIABILITIES

(CONSUMER CREDIT ARRANGEMENTS, LOANS FROM INDIVIDUALS, TAXES OWED, CHILD SUPPORT, ETC.)

NAME OF CREDITOR	PURPOSE	AMOUNT AUTHORIZED	PAYMENT TERMS	BALANCE
TOTAL:				

GRAND TOTAL OF LIABILITIES

NET VALUE OF BORROWERS (TOTAL ASSETS - TOTAL LIABILITIES)

NET WORTH OF BORROWERS

SURETIES AND CONTINGENT LIABILITIES

(FURNITURE UNDER FINANCE, PERSONAL LOANS, DUE TAXES, ALIMONY, ETC.)

NATURE	FOR THE BENEFIT OF	MONTHLY PAYMENT	AMOUNT
TOTAL:			

HAVE YOU EVER BEEN REPOSSESSED?

YES

NO

IF YES, PLEASE ELABORATE:

HAS A CLAIM OR LAWSUIT EVER BEEN FILED AGAINST YOU?

YES

NO

IF YES, PLEASE ELABORATE:

HAVE YOU EVER FILED FOR BANKRUPTCY AND/OR A CONSUMER PROPOSAL?

YES

NO

DISCHARGE DATE

DO YOU HAVE A CRIMINAL RECORD?

YES

NO

DECLARATION AND CONSENT

I declare that the information provided for the purposes of obtaining finance (the "Application for Financing") from Aboriginal Savings Corporation of Canada (« ABSCAN ») is exact and complete, in all respects.

6. DECLARATION AND CONSENT

DECLARATION REGARDING THE ACCURACY OF INFORMATION PROVIDED AND CONSENT TO GATHER, KEEP, USE AND DISCLOSE PERSONAL INFORMATION

I further understand that you will demand compliance with these guarantees by third parties from whom this personal information has been obtained or to whom you provide this personal information. It is possible that you may need to take cognizance of credit reports or recommendations regarding my solvency prepared by a personal information agent. If such is the case, you will indicate to me the procedure to follow to gain access to my file and rectify with the agent information contained in it. Moreover, and at my request, you will communicate to me the content of any credit report that you are aware of for the purpose of reaching a decision concerning me. Upon request, I agree to provide you with any information or documents required in relation to the Application for Financing and I will ensure that I inform you of any change to information held by you as soon as possible. Without limiting the generality of the preceding, I also authorize you to disclose to your financial partners, any personal information regarding me so they may offer to me products and services that may correspond to my needs. At my request and upon presentation of relevant documents, you will proceed with the rectification or correction of my personal information within a reasonable period of time. This consent is valid for the period of time needed to complete the procedures indicated in paragraph 2 of this document. Personal information provided will only be used under the terms of this Application for Financing or any other related application.

I have read this document entitled “Declaration Regarding the Accuracy of Information Provided and Consent to Gather, Keep, Use and Disclose Personal Information” and I agree to its provisions.

I declare that the information provided for the purposes of obtaining finance (the “Application for Financing”) from Aboriginal Savings Corporation of Canada (« ABSCAN ») is exact and complete, in all respects.

In order to allow ABSCAN to analyze the Application for Financing, determine its eligibility and ensure compliance with granting conditions for such financing, I hereby authorize ABSCAN to obtain personal information that concerns me from any federal or provincial institution, as well as any financial institution, enterprise or other (“third parties”).

I understand that the personal information held by you will be kept at ABSCAN headquarters in a safe location. Said information will not be used or disclosed for purposes other than those for which it was obtained, unless consent is provided by the persons in question or the law requires or permits it. Moreover, only individuals expressly authorized by you under the terms of their duties at ABSCAN will be authorized to collect and process said personal information.

**BORROWER'S
SIGNATURE**

DATE

**CO-BORROWER'S
SIGNATURE**

DATE