



# AN-NUR CO-OPERATIVE CORPORATION LTD.

1585 Markham Road Suite # 209 Scarborough ON M1B 2W1

Tel#. (416) 754-4135, Fax#. (416) 754-0838

Web: [www.nurcoop.com](http://www.nurcoop.com) / Email: info@nurcoop.com

## HOUSE PURCHASE PLAN (HPP) APPLICATION FORM

### APPLICANT INFORMATION

|                  |        |   |  |
|------------------|--------|---|--|
| Name:            |        | Date of Birth: _____ / _____ / _____ (yyyy/mm/dd) |  |
| Current address: |        |   |  |
| City:            | State: | Postal Code:                                      |  |
| Phone:           | Work : | Cell:   |  |
| Fax:             |        | Email:  |  |

### PERSONAL INFORMATION

### SPOUSAL INFORMATION

|  |                         |                              |  |
|--|-------------------------|------------------------------|--|
| Citizenship:   |                         | Name:                        |  |
| Profession:  | Annual Salary: \$ _____ | SIN:                         |  |
| SIN:   |                         | Profession:                  |  |
| Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> |                         | Num. Of dependents and ages: |  |

### EMPLOYEMENT INFORMATION

|                             |         |                |  |
|-----------------------------|---------|----------------|--|
| Current employer:           |         |                |  |
| Employer address:           |         |                |  |
| City:                       | State:  | Postal Code:   | Duration of Employment: _____ Yrs & _____ Months |
| Phone:                      | E-mail: | Fax:           |  |
| Immediate supervisor's Name |         | Your Position: |  |

|   |         |                |  |
|---|---------|----------------|--|
| Previous employer (If less than two years): |         |                |  |
| Employer address:                           |         |                |  |
| City:                                       | State:  | Postal Code:   | Duration of Employment: _____ Yrs & _____ Months |
| Phone:                                      | E-mail: | Fax:           |  |
| Immediate supervisor's Name:                |         | Your Position: |  |

### BENEFICIARY INFORMATION

|                  |        |              |
|------------------|--------|--------------|
| Name:            |        |              |
| Current address: |        |              |
| City:            | State: | Postal Code: |
| Relationship:    |        |              |

### PERSONAL REFERENCES

|               |               |
|---------------|---------------|
| Name:         | Name:         |
| Address:      | Address:      |
| Phone:        | Phone:        |
| Relationship: | Relationship: |

### DETAILS OF FINANCING REQUEST – FINANCING PERIOD

1-3 Years  3-10 Years  10-15 Years  15 Years Onward  Other – Specify: \_\_\_\_\_

|  |   |              |
|--|---|--------------|
| Location of House Being Purchased:                     |   |              |
| City:  | State:  | Postal Code: |
| New/Resale: Approximate Age of Building: _____ Year(s) | Purpose of Investment: <input type="checkbox"/> To Refinance <input type="checkbox"/> To Purchase |              |
| Estimate of Present Value: \$ _____                    | Down Payment: \$ _____  |              |
| Closing Date: _____ / _____ / _____ (yyyy/mm/dd)       |   |              |

I authorize An-Nur Co-operative Corporation to obtain and /or exchange personal information with any personal information agent towards establishing or verifying my financial standing.

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|