



info@genesismanagement.ca | 204-619-2295 | www.genesismanagement.ca
 P.O. Box 155 RPO Corydon | Winnipeg, MB R3M 3S7

CREDIT CHECK

ATT: WALTER KING

APPLICANT DETAILS					
NAME:		SIN:		EMAIL:	
DATE OF BIRTH:		LANGUAGE:		MARITAL STATUS:	
PRESENT ADDRESS & POSTAL CODE:		HOW LONG @ PRESENT ADDRESS:		TELEPHONE #	
				CELLPHONE #	
PREVIOUS ADDRESS (IF < 3 YEARS):		YEARS LIVING @ PREVIOUS ADDRESS:		OWN OR RENT:	
CURRENT EMPLOYER:		FULL OR PART TIME:	HOW LONG W/ EMPLOYER:	OCCUPATION:	GROSS ANN. INCOME:
PREVIOUS EMPLOYER (IF < 3 YEARS):		FULL OR PART TIME:	HOW LONG W/ EMPLOYER:	OCCUPATION:	GROSS ANN. INCOME:
OTHER SOURCES OF INCOME (COMMISSION, SELF EMPLOYMENT, RENTALS, INVESTMENTS ETC)				AMOUNT(S):	
CO-APPLICANT DETAILS					
NAME:		SIN:		EMAIL:	
DATE OF BIRTH:		LANGUAGE:		MARITAL STATUS:	
PRESENT ADDRESS & POSTAL CODE:		HOW LONG @ PRESENT ADDRESS:		TELEPHONE #	
				CELLPHONE #	
PREVIOUS ADDRESS (IF < 3 YEARS):		YEARS LIVING @ PREVIOUS ADDRESS:		OWN OR RENT:	
CURRENT EMPLOYER:		FULL OR PART TIME:	HOW LONG W/ EMPLOYER:	OCCUPATION:	GROSS ANN. INCOME:
PREVIOUS EMPLOYER (IF < 3 YEARS):		FULL OR PART TIME:	HOW LONG W/ EMPLOYER:	OCCUPATION:	GROSS ANN. INCOME:
OTHER SOURCES OF INCOME (COMMISSION, SELF EMPLOYMENT, RENTALS, INVESTMENTS ETC)				AMOUNT(S):	

I/We warrant and confirm that the information given in the credit check application form is true and correct and I/We understand that it is being used to determine my/our credit responsibility. You are authorized to obtain any information you may require, relative to this application form, any sources to which you may apply and each such source is hereby authorized to provide you with such information. You are furthermore authorized to disclose, in response to direct enquiries from any other lender or credit bureau, such information on my loaning account as you consider appropriate, and I/We agree to indemnify you against and save you harm from any and all claims in damages or otherwise arising from such disclosure on your part. You are also authorized to retain this application whether or not the relative credit is approved.

APPLICANT SIGNATURE: _____

DATE: _____

CO-APPLICANT SIGNATURE: _____

DATE: _____



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