

COMMUNITY MICROLENDING

TRANSFORMING LIVES **ONE LOAN
AT A TIME**

Personal Information		
Last Name	First Name	Other Names
Gender	Marital Status	No. of Dependents
Current Address	City Province	Postal Code
E-Mail	Home Phone	Cell Phone
SIN	Date of Birth	Status in Canada
Employment History		
Are you Currently Employed or Self Employed?		Yes / No
If yes, Briefly Describe What You Do.		
When did you start?		
Financial Background		
How much income did you earn in the last 12 months?		
What is your current monthly income?		
If you live with a partner, what is their current monthly income?		
Date	Signature	

Save and email this form to info@communitymicrolending.ca