

MORTGAGE APPLICATION

 Purchase
 Renewal
 Refinance
 Secured Line of Credit
 Second

Primary Applicant		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.		Date of Birth (mm/dd/yy)	S.I.N.	
First Name	Initial	Last Name		Tel. (work)	Tel. (home)	Cell
Address		City	Province	Postal Code	Email Address	
Years at present address	Rent/Mortgage Payment \$	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	First-time Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	No. of Dependents	
Previous Address (if less than 3 years at present address)		City	Province	Postal Code	How long	

Co-Applicant		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.		Date of Birth (mm/dd/yy)	S.I.N.	
First Name	Initial	Last Name		Tel. (work)	Tel. (home)	Cell
Address		City	Province	Postal Code	Email Address	
Years at present address	Rent/Mortgage Payment \$	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other	First-time Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	No. of Dependents	
Previous Address (if less than 3 years at present address)		City	Province	Postal Code	How long	Relationship to Primary Applicant

Primary Applicant's Present Employer			Company Name		Telephone	Ext
Address		City	Province	Postal Code		
How long	Yrs. in Industry	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Industry Sector	Job Title	Gross Annual Income \$	
Primary Applicant's Previous Employer (if less than 3 years)		Address		How long	Gross Annual Income \$	
Primary Applicant's Previous Employer (if less than 3 years)		Address		How long	Gross Annual Income \$	

Co-Applicant's Present Employer			Company Name		Telephone	Ext
Address		City	Province	Postal Code		
How long	Yrs. in Industry	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Industry Sector	Job Title	Gross Annual Income \$	
Co-Applicant's Previous Employer (if less than 3 years)		Address		How long	Gross Annual Income \$	
Co-Applicant's Previous Employer (if less than 3 years)		Address		How long	Gross Annual Income \$	

Other Source of Income		Detail	Monthly Income \$
		Detail	Monthly Income \$

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Assets	Amount	Liabilities	Detail		Monthly Payment
			Credit Limit	Balance	
Savings/cash in bank	\$	Credit Cards			
RRSP	\$	1.	\$	\$	\$
Stocks/bonds/investments	\$	2.	\$	\$	\$
Vehicle(s) (yr/make/model)		3.	\$	\$	\$
1.	\$	Line of Credit			\$
2.	\$	Vehicle Loan			\$
3.	\$	Other Loans			\$
Other	\$	Vehicle Lease			\$
Amount of down payment	\$	Support/Alimony			\$
Where is down payment coming from?		Other			\$

Existing Home Information

 Owner-occupied
 Owner-occupied & Rental
 Rental
 Second Home
 Other

Address same as above <input type="checkbox"/> Yes <input type="checkbox"/> No	Address	City	Province	Postal Code
Est. Value \$	Original Purchase Price \$	Purchase Date	Annual Property Taxes \$	Monthly Condo Fees \$

Existing Mortgage Information

Balance \$	Monthly payment amount \$	Interest rate	Rate type <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
Name of lender	Renewal date	Mortgage reference number	

Please list all other properties owned on separate sheet

Description of Property to be Financed

 Owner-occupied
 Owner-occupied & Rental
 Rental
 Second Home
 Other

Address	City	Province	Postal Code	Purchase Price \$	Annual Taxes \$	Tax Year 20
Construction Type <input type="checkbox"/> Existing <input type="checkbox"/> New	<input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached	<input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment	<input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/> Condo	Age of Building		
Heating <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Forced Air <input type="checkbox"/> Hot Water Heating <input type="checkbox"/> Other	Water <input type="checkbox"/> Municipal <input type="checkbox"/> Other	Sewers <input type="checkbox"/> Municipal <input type="checkbox"/> Other	Environmental hazard <input type="checkbox"/> Yes <input type="checkbox"/> No			
Garage <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Attached <input type="checkbox"/> Triple <input type="checkbox"/> None <input type="checkbox"/> Detached	Apartment <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of units	Condo fees \$	Fees include heat <input type="checkbox"/> Yes <input type="checkbox"/> No		

Solicitor	Name	Tel	Fax
Address	City	Province	Postal Code

Applicant Name (please print) _____ Applicant Signature _____ Date _____

Applicant Name (please print) _____ Applicant Signature _____ Date _____