

Applicant

Mortgage Application

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> First Name	Initial	Last Name	Social Insurance Number	
Ms <input type="checkbox"/> Miss <input type="checkbox"/>				
Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law <input type="checkbox"/>		Number of Dependents None <input type="checkbox"/>	Date of Birth (example June 4, 1961)	
Current Address		City/Town	Province	Postal Code
Previous Address (if at current for less than 3 years)		City/Town	Province	Postal Code
Residential Status Live with Parents <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Home Telephone:	Work Phone or Cell Phone		Home Fax <input type="checkbox"/> Work Fax <input type="checkbox"/>
Current Employer	Occupation	Years There	Gross Annual Income \$	
Current Employer Address	City/Town	Province	Postal Code	
Email Address (optional)	Source of other income (if any)		Other Annual Income \$	
Previous Employer (if at current for less than 3 years)	Occupation	Years There	Gross Annual Income \$	

Co-Applicant

Fill out this section if you are married or have a co-applicant.

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> First Name	Initial	Last Name	Social Insurance Number	
Ms <input type="checkbox"/> Miss <input type="checkbox"/>				
Relationship To Applicant Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other <input type="checkbox"/>		Number of Dependents None <input type="checkbox"/>	Date of Birth (example June 4, 1961)	
Current Address		City/Town	Province	Postal Code
Residential Status Live with Parents <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Home Telephone	Work Phone or Cell Phone		Home Fax <input type="checkbox"/> Work Fax <input type="checkbox"/>
Current Employer	Occupation	Years There	Gross Annual Income \$	
Current Employer Address	City/Town	Province	Postal Code	
Email Address (optional)	Source of other income (if any)		Other Annual Income \$	

Assets and Liabilities

Assets	Current Value	Liabilities	Current Balance	Monthly Payments
Cash and Savings	\$	Credit cards	\$	\$
Home Value	\$	Rent/Mortgage payments	\$	\$
Rental Property Value	\$	LOC/Loans/Leases	\$	\$
RRSP, Stocks and Bonds	\$	Support/Alimony payments	\$	\$
Vehicles	\$	Condo Fees	\$	\$
Other:	\$	Property Taxes	\$	\$
Total Assets	\$	Total Liabilities	\$	\$

Details of Requested Loan

Type of Loan: Purchase <input type="checkbox"/> Refinance Existing 1 st Mortgage <input type="checkbox"/>	Requested Amount \$	Term Yrs	Amortization Yrs	Payment Frequency Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/>
New 2 nd Mortgage <input type="checkbox"/> Combine 1 st & 2 nd Mortgages Together <input type="checkbox"/> Renewal <input type="checkbox"/>				

Detailed Property Information

Original Purchase Date (mm/dd/yy)	Existing Mortgage Lender(s)	Original Purchase Price \$	Original Mortgage Amount \$	Existing Mortgage Balance(s) \$
Dwelling Type Detached <input type="checkbox"/> Semi Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> High Rise <input type="checkbox"/> Other <input type="checkbox"/>	Property Age	Tenure Freehold <input type="checkbox"/> Condo <input type="checkbox"/>		
Dwelling Style Bi Level <input type="checkbox"/> Split Level <input type="checkbox"/> One Storey <input type="checkbox"/> Storey and a Half <input type="checkbox"/> Two Storey <input type="checkbox"/> Three Store <input type="checkbox"/> Other <input type="checkbox"/>	Square Footage	Garage Type Attached <input type="checkbox"/> Detached <input type="checkbox"/>		
Heating Type Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Hot Water <input type="checkbox"/> Fireplace <input type="checkbox"/> Space Heater <input type="checkbox"/> Wood Stove <input type="checkbox"/>	Lot Size	Garage Size Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/>		
Lawyer Information: (name, address, phone, fax)		Mortgage Insurance Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you Applicant Yes <input type="checkbox"/> No <input type="checkbox"/> Smoke? Co-applicant Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other Information

Bankruptcy? No <input type="checkbox"/> Yes <input type="checkbox"/>	Behind on Mortgage No <input type="checkbox"/> Yes (months ___)	Behind on Credit Cards No <input type="checkbox"/> Yes (months ___)	Unpaid Collections No <input type="checkbox"/> Yes (how many ___)	Paid Collections No <input type="checkbox"/> Yes (how long ago ___)
Discharged? No <input type="checkbox"/> Yes ___ yrs				

I/We warrant and confirm that the information given in this mortgage application form is true and correct and I/we understand that it is being used to determine my/our credit responsibility. I/We authorize you to obtain or exchange personal information with any personal information agent towards establishing or verifying my financial standings including obtaining my/our credit report and any information required relative to this application from 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 as you consider appropriate, and I 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 the application whether or not the relative mortgage is approved. I/We had the opportunity to review and hereby accept your privacy policy.

Applicant's Signature: _____ Date: _____ Co-Applicant's Signature: _____ Date: _____