

| Mortgage/Loan Details | | | | | |
|---|---------------------------|---|---|--|--|
| Amt. Rqd. (\$): <input type="checkbox"/> First <input type="checkbox"/> Second | | Purpose <input type="checkbox"/> Approval <input type="checkbox"/> Pre-Approval | Closing Date | Guarantor <input type="checkbox"/> N/A <input type="checkbox"/> Yes, I have. | Purchase Price/Estimated Value (\$) _____ |
| Mortgage Type <input type="checkbox"/> Open <input type="checkbox"/> Fixed | | Term For <input type="checkbox"/> 1yr <input type="checkbox"/> 2yr <input type="checkbox"/> 3yr <input type="checkbox"/> 4yr <input type="checkbox"/> 5yr <input type="checkbox"/> 7yr <input type="checkbox"/> 10yr | | Down Payment Source: <input type="checkbox"/> Own savings <input type="checkbox"/> Gift from family <input type="checkbox"/> RRSP <input type="checkbox"/> Sale of other property Other _____ Down Payment Amount: (\$) _____ | |
| 1st Time Buyer <input type="checkbox"/> Yes <input type="checkbox"/> No | | Interest Only <input type="checkbox"/> Blended <input type="checkbox"/> | | | |
| Applicant Details | | | | | |
| Last Name: _____ First Name: _____ | | SIN# | Email: | | |
| Date of Birth: | Driver's License#: | Passport# | Permanent Resident Card #: | | |
| Dependants (Under 18): | | Languages: | Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Common law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated | | |
| Current Address: Street: _____ City: _____ Province: _____ Postal Code: _____ | | Years: _____ Months: _____ | Res: _____ Cell: _____ | Bus: _____ Ext: _____ | <input type="checkbox"/> Own <input type="checkbox"/> Rent If Renting Amount Per Month (\$) _____ |
| Previous Address (If current less than 3 years) Street: _____ City: _____ Province: _____ Postal Code: _____ | | Years: _____ Months: _____ | <input type="checkbox"/> Own <input type="checkbox"/> Rent If Renting Amount Per Month (\$) _____ | | |

| | | | | |
|---|-------------------------------|---|------------------------------------|---|
| Current Employer | | Phone# _____ | Occupation: _____ | Gross Annual Income (\$)_ _____ |
| Name: _____ | Duration: _____ | <input type="checkbox"/> Full-Time | | |
| Street: _____ | Years: _____ | | | |
| City: _____ | Months: _____ | <input type="checkbox"/> Part-Time | | |
| Province: _____ | | | | |
| Postal Code: _____ | | | | |
| Previous Employer (If current less than 3 years) | | Duration: _____ | Occupation: _____ | Gross Annual Income (\$)_ _____ |
| Name: _____ | Years: _____ | <input type="checkbox"/> Full-Time | | |
| Address: _____ | Months: _____ | | | |
| Phone: _____ | | | | |
| Other Sources of Income (shall be reported to Canada Revenue Agency): (commission, self-employment, rental, investment, social security, pension, trust, annuity, etc) | | | | Amount(Annual): (\$) _____ |
| Co-Applicant Details | | | | |
| Last Name: _____ | | SIN# _____ | Email: _____ | Relationship with Applicant: _____ |
| First Name: _____ | | | | |
| Date of Birth: _____ | Driver's License: _____ | Passport# _____ | Permanent Resident Card# _____ | |
| Dependants (Under 18): _____ | Languages: _____ | Marital Status: | | |
| | | <input type="checkbox"/> Single | <input type="checkbox"/> Married | |
| | | <input type="checkbox"/> Divorced | <input type="checkbox"/> Separated | |
| Current Address: | Years: _____ Months: _____ | Res: _____ Cell: _____ | Bus: _____ Ext: _____ | <input type="checkbox"/> Own <input type="checkbox"/> Rent If Renting Amount Per Month (\$) _____ |
| Street: _____ | | | | |
| City: _____ | | | | |
| Province: _____ | | | | |
| Postal Code: _____ | | | | |
| Previous Address (If current less than 3 years) | Years: _____ Months: _____ | <input type="checkbox"/> Own <input type="checkbox"/> Rent If Renting Amount Per Month (\$) _____ | | |
| Street: _____ | | | | |
| City: _____ | | | | |
| Province: _____ | | | | |
| Postal Code: _____ | | | | |

| | | | |
|-------------------------|-----------------|------------------------------------|-----------------------------------|
| Current Employer | Phone# _____ | Occupation: _____ | Gross Annual Income (\$) _____ |
| Name: | Duration: _____ | <input type="checkbox"/> Full-Time | |
| Street: | Years: _____ | <input type="checkbox"/> Part-Time | |
| City: | Months: _____ | | |
| Province: | | | |
| Postal Code: | | | |

| | | | |
|---|---------------|------------------------------------|-----------------------------------|
| Previous Employer (If current less than 3 years) | Years: _____ | Occupation: _____ | Gross Annual Income (\$) _____ |
| Street: | Months: _____ | <input type="checkbox"/> Full-Time | |
| City: | | <input type="checkbox"/> Part-Time | |
| Province: | | | |
| Postal Code: | | | |

Other Sources of Income (shall be reported to Canada Revenue Agency):
(commission, self-employment, rental, investment, social security, pension, trust, annuity, etc) Amount(Annual): (\$) _____

| Financial Net Worth | | | | |
|----------------------|-------|--------------------|-------------|------------------|
| Asset | Value | Liability | Total Debts | Monthly Payments |
| Cash | | Credit Card(s) | | |
| Principle Res. | | Principle Res. | | |
| Rental/Other Prop. | | Rental/Other Prop. | | |
| Automobile/Furniture | | Credit Lines | | |
| RRSP/GIC | | Loans | | |
| Other | | | | |
| | | | | |
| Total Assets: | | Total Liabilities: | | |

| Subject Property Details: | | | | |
|--|--|-----------------|--|--|
| Municipal Address: | Age: | Zoning: | 1story/2story/3story: | |
| | Detached/semi: | Freehold/condo: | Livable Area: | |
| Owner Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No | Rental <input type="checkbox"/> Yes <input type="checkbox"/> No | Lot Size: | Garage Size: <input type="checkbox"/> 1car <input type="checkbox"/> 2car <input type="checkbox"/> 3car <input type="checkbox"/> 4car | Garage Type: <input type="checkbox"/> Attached <input type="checkbox"/> Detached |

| | | | | | | | |
|--|----------------------|-----------------|---|---|--|------------------|---|
| Heating Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil Tank | | Heat: (\$) | Sewer: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic | Water: <input type="checkbox"/> Well <input type="checkbox"/> Municipal | Taxes: (\$) | Condo Fees: (\$) | |
| Rental Income: (\$) | Rental Expense: (\$) | | Insurance: (\$) | Repairs: (\$) | Others: (\$) | | |
| Appraised Value: | | Appraised Date: | | Legal Description: | | | |
| Existing Mortgages/Properties | | | | | | | |
| Residence | LENDER: | Rate: | Mtg.:# | Balance: | Maturity: | Payment: | Pay off from proceeds <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 1st Mtg. | | | | | | | |
| 2nd Mtg. Or (LOC) | LENDER: | Rate: | Mtg.:# | Balance: | Maturity: | Payment: | Pay off from proceeds <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | | |
| 3rd Mtg. | LENDER: | Rate: | Mtg.:# | Balance: | Maturity: | Payment: | Pay off from proceeds <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | | | |
| Refinance Information: | | | | | | | |
| Purchase/Refinance Date: Purchase Price/Estimated Value | | | Mtg. Holder: Improvement: Amt. of Improvement: | | Original Mtg. Amt.: Outstanding Amt.: Refinance Purpose: | | |
| Maturity Date: | | | | | | | |

Did Anyone Ever Sue You For Money (Institution OR an Individual)? YES ___ NO ___

I/We warrant and confirm that the information given in the mortgage application from is true and correct and I/ we understand that it is being used determine my/our credit responsibility. You are authorized to obtain any information you may require 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 inquiries from any other lender or credit bureau, such information on my loaning account 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 weather or not the relative mortgage is approved. I/We have all the proof of the disclosure in the application. When we put our name in the application it is as good as sign for this mortgage application.

Applicant: _____ Co-applicant: _____ Date: _____

Note: If more than two applicants or additional property, please copy another application and fill-up.