



Mortgage Brokerage License #10215

Mortgage/Loan Details					
Amt. Rqd. (\$): <input type="checkbox"/> First <input type="checkbox"/> Second		Purpose <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance (ETO)	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(\$) _____		

Registered Office: 385 Frederick Street (Mall), Unit C (Lower Level) | Kitchener | ON | N2H 2P2

Phone: 226 336 1292 | Toll Free: 877 342 RFGI (7344) | Toll Free Fax: 877 492 8746

www.rfgi.ca info@rfgi.ca



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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)		Duration: _____	Occupation: _____	Gross Annual Income (\$): _____
Name: _____	Years: _____	<input type="checkbox"/> Full-Time		
Address: _____	Months: _____	<input type="checkbox"/> Part-Time		
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: _____				

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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 (\$) _____
Name:	Months: _____	<input type="checkbox"/> Full-Time	
Address:		<input type="checkbox"/> Part-Time	
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): (\$) _____

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



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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 Date: Purchase Price: \$			Maturity Date: Improvement: \$ Amt. Improvement: \$			Original Mtg. Amt: Outstanding Amt: <u>Refinance Reason:</u>		
Mortgagees:								

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.

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