

MORTGAGE APPLICATION

Please Print Clearly



APPLICANT		PERSONAL INFORMATION		CO-APPLICANT	
First Name:		First Name:		First Name:	
Last Name:		Last Name:		Last Name:	
Email Address:		Email Address:		Email Address:	
Birth Date: Month Day Year		Birth Date: Month Day Year		Birth Date: Month Day Year	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	
<input type="checkbox"/> Separated <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed		<input type="checkbox"/> Separated <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed		<input type="checkbox"/> Separated <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed	
S.I.N.:		S.I.N.:		S.I.N.:	
Home #		Work #		Home #	
Cell #		Fax #		Cell #	
Daytime #		Evening #		Daytime #	
Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone		Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone		Preferred Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Phone	

Do you currently: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relatives <input type="checkbox"/> Live With Others		Do you currently: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relatives <input type="checkbox"/> Live With Others	
Address:		Unit:	
City:		Prov.:	
Post Code:		Time @ Res: Yrs Mos	
Previous Address , if less than three (3) years:		Unit:	
City:		Prov.:	
Post Code:		Time @ Res: Yrs Mos	



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APPLICANT		EMPLOYMENT INFORMATION		CO-APPLICANT	
Income Sources: <input type="checkbox"/> Employed ¹ <input type="checkbox"/> Two + Jobs ² <input type="checkbox"/> Self Employed ³		Income Sources: <input type="checkbox"/> Employed ¹ <input type="checkbox"/> Two + Jobs ² <input type="checkbox"/> Self Employed ³			
¹ Employment Information: Employer's Name:		¹ Employment Information: Employer's Name:			
Address:		Unit:		Address:	
City:		Prov.:		City:	
Post Code:		Telephone:		Post Code:	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Contract Note:		Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Contract Note:			
Time with Company: Yrs Mos		*Contract Length:		Time with Company: Yrs Mos	
Income Type: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission		Income Type: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission			
Gross Annual Income from this source: \$		Gross Annual Income from this source: \$			

² Secondary Employment Information: Additional Employer's Name:		² Secondary Employment Information: Additional Employer's Name:			
Address:		Unit:		Address:	
City:		Prov.:		City:	
Post Code:		Telephone:		Post Code:	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Contract Note:		Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Contract Note:			
Time with Company: Yrs Mos		*Contract Length:		Time with Company: Yrs Mos	
Income Type: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission		Income Type: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission			
Gross Annual Income from this source: \$		Gross Annual Income from this source: \$			



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APPLICANT		EMPLOYMENT INFORMATION CONTINUED...		CO-APPLICANT	
³ Self Employment Information: Company Name:		³ Self Employment Information: Company Name:			
Address:		Unit:	Address:		Unit:
City:		Prov.:	City:		Prov.:
Post Code:	Telephone:		Post Code:	Telephone:	
Time in Bus:	Company Start:		Time in Bus:	Company Start:	
Yrs	Mos		Yrs	Mos	
Gross Annual Income from this source: \$			Gross Annual Income from this source: \$		

Previous Employment Information if less than three (3) years at current employer. Employer Name:		Previous Employment Information if less than three (3) years at current employer. Employer Name:			
Address:		Unit:	Address:		Unit:
City:		Prov.:	City:		Prov.:
Post Code:	Telephone:		Post Code:	Telephone:	
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Contract			Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Contract		
Time w Co.:	*Contract Length:		Time w Co.:	*Contract Length:	
Yrs	Mos		Yrs	Mos	
Income Type: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission			Income Type: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Commission		
Gross Annual Income from this source: \$			Gross Annual Income from this source: \$		

EMPLOYMENT INFORMATION					
Income Type: <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Income <input type="checkbox"/> Other:	Amount: \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually			
Income Type: <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Income <input type="checkbox"/> Other:	Amount: \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually			
Income Type: <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Income <input type="checkbox"/> Other:	Amount: \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually			
Income Type: <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Rental Income <input type="checkbox"/> Other:	Amount: \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually			



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PROPERTY DETAILS		
Property Type: <input type="checkbox"/> Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Other:		
Property Style: <input type="checkbox"/> One Storey <input type="checkbox"/> Two Storey <input type="checkbox"/> Three Storey <input type="checkbox"/> Split Level <input type="checkbox"/> Other:		
Tenure: <input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/> Condo Fees		
Property Age:	Inside Area: <input type="checkbox"/> Meters ² <input type="checkbox"/> Feet ²	Lot Size: <input type="checkbox"/> Meters ² <input type="checkbox"/> Feet ² <input type="checkbox"/> Acres
Garage Type: <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None	Garage Size: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple	
Heat Source: <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Forced Air Electric <input type="checkbox"/> Forced Air Gas <input type="checkbox"/> Forced Air Oil <input type="checkbox"/> Other:		
Water Info: <input type="checkbox"/> Municipal <input type="checkbox"/> Well <input type="checkbox"/> Other		Sewage Info: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <input type="checkbox"/> Other
Hot Water Heating: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Other	Water Info: <input type="checkbox"/> Municipal <input type="checkbox"/> Well <input type="checkbox"/> Other	Sewage Info: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic
Current Property Value: \$	Original Purchase Price: \$	Purchase Date:
Property Taxes included in Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Taxes Yearly: \$	Condo Fees: \$

FIRST MORTGAGE DETAILS		
Balance Owing: \$	Mortgage Payment: \$	Payment Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
Maturity Date:	Interest Rate:	Rate Type: <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
Term Type: <input type="checkbox"/> Open <input type="checkbox"/> Closed	Mortgage Holder:	Loan Type: <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit
Original Amount: \$	Mortgage Number:	

SECOND MORTGAGE DETAILS		
Balance Owing: \$	Mortgage Payment: \$	Payment Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
Maturity Date:	Interest Rate:	Rate Type: <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
Term Type: <input type="checkbox"/> Open <input type="checkbox"/> Closed	Mortgage Holder:	Loan Type: <input type="checkbox"/> Mortgage <input type="checkbox"/> Line of Credit
Original Amount: \$	Mortgage Number:	
Purpose of Second Mortgage?		

Please return to:
 Email:
 Fax: 1-866-540-4547

