

**APPLICANT INFORMATION**

|   |  |   |           |                                   |                         |                                   |  |                           |  |
|---|--|---|-----------|-----------------------------------|-------------------------|-----------------------------------|--|---------------------------|--|
| First name  |  | Init.                                     | Last name |                                   | Social Insurance Number |                                   |  |                           |  |
| Marital status<br><input type="checkbox"/> 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"/> Other |  |   |           | Number of dependents              |                         | Date of Birth (month, date, year) |  |                           |  |
| Current address   |  |   |           | City/Town                         |                         | Province                          |  | Postal code               |  |
| Previous address (if less than 3 years at current address)  |  |   |           | City/Town                         |                         | Province                          |  | Postal code               |  |
| Do you..<br><input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other   |  | <input type="checkbox"/> Live with family |           | Home phone - (include area code)  |                         | Work phone - (include area code)  |  | Fax number                |  |
| Current employer  |  |   |           | Occupation                        |                         | How long?                         |  | Gross annual income<br>\$ |  |
| Your email address - if available   |  |   |           | Do you have other income sources? |                         |                                   |  | Other annual income<br>\$ |  |
| Previous employer - If less than 3 years at current address   |  |   |           | Occupation                        |                         | How long?                         |  | Gross yearly income<br>\$ |  |

**CO-APPLICANT INFORMATION - if applicable**

|   |  |   |           |                                   |                         |                                   |  |                           |  |
|---|--|---|-----------|-----------------------------------|-------------------------|-----------------------------------|--|---------------------------|--|
| First name  |  | Init.                                     | Last name |                                   | Social Insurance Number |                                   |  |                           |  |
| Marital status<br><input type="checkbox"/> 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"/> Other |  |   |           | Number of dependents              |                         | Date of Birth (month, date, year) |  |                           |  |
| Current address   |  |   |           | City/Town                         |                         | Province                          |  | Postal code               |  |
| Previous address (if less than 3 years at current address)  |  |   |           | City/Town                         |                         | Province                          |  | Postal code               |  |
| Do you..<br><input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other   |  | <input type="checkbox"/> Live with family |           | Home phone - include area code    |                         | Work phone - include area code    |  | Fax number                |  |
| Current employer  |  |   |           | Occupation                        |                         | How long?                         |  | Gross annual income<br>\$ |  |
| Your email address - if available   |  |   |           | Do you have other income sources? |                         |                                   |  | Other annual income<br>\$ |  |
| Previous employer - If less than 3 years at current address   |  |   |           | Occupation                        |                         | How long?                         |  | Gross yearly income<br>\$ |  |

**ASSETS AND LIABILITIES**

| Assets           | Current Value | Liabilities                    | Current Balance | Monthly Payments |
|------------------|---------------|--------------------------------|-----------------|------------------|
| Cash and savings | \$            | Credit cards                   | \$              | \$               |
| Real estate      | \$            | Rent/Mortgage payments         | \$              | \$               |
| RRSP             | \$            | Personal loans/Lines of credit | \$              | \$               |
| Stocks and bonds | \$            | Support payments               | \$              | \$               |
| Vehicles         | \$            | Auto payments                  | \$              | \$               |
| Other:           | \$            | Other:                         | \$              | \$               |
| Total Assets     | \$            | Total Liabilities              | \$              | \$               |

**GENERAL PROPERTY INFORMATION**

|   |  |                        |  |  |
|---|--|------------------------|--|--|
| Dwelling type<br><input type="checkbox"/> Detached <input type="checkbox"/> Semi detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Condo                                |  | Age                    | Ownership<br><input type="checkbox"/> Freehold <input type="checkbox"/> Condo                                  |  |
| Dwelling style<br><input type="checkbox"/> One storey <input type="checkbox"/> Bi level <input type="checkbox"/> Two storey <input type="checkbox"/> Split level <input type="checkbox"/> Storey and a half <input type="checkbox"/> Three storey           |  | Size of home - sq. ft. | Garage type<br><input type="checkbox"/> Attached <input type="checkbox"/> Detached                             |  |
| Heating Type<br><input type="checkbox"/> 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 |  | Lot size               | Garage size<br><input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple |  |

**LOAN MORTGAGE DETAILS**

|                                      |  |  |   |                               |
|--------------------------------------|--|--|---|-------------------------------|
| Mortgage amount required<br>\$       | Term requested<br>Variable <input type="checkbox"/> Fixed <input type="checkbox"/> | <input type="checkbox"/> 1yr <input type="checkbox"/> 3yr <input type="checkbox"/> 5yr <input type="checkbox"/> 10yr<br><input type="checkbox"/> 2yr <input type="checkbox"/> 4yr <input type="checkbox"/> 7yr | Amortization requested - Years<br>5yr <input type="checkbox"/> 10yr <input type="checkbox"/> 15yr <input type="checkbox"/> 20yr <input type="checkbox"/> 25yr <input type="checkbox"/> Other <input type="checkbox"/> |                               |
| Purchase Price - if applicable<br>\$ | Down payment - if applicable<br>\$   | Down payment source - if applicable<br><input type="checkbox"/> Savings <input type="checkbox"/> RRSP <input type="checkbox"/> Gift <input type="checkbox"/> Sale of Property                                  |   | Purchase date - if applicable |
| Property address - if applicable     |  | City/Town  |   | Province                      |
|                                      |  |  |   | Postal code                   |

I/we warrant and confirm that the information given in the mortgage application form is true and correct and I/we understand that it is being used to determine my/our credit responsibility and to evaluate and respond to my/our request for mortgage financing. You are authorized to obtain any information you may require for these purposes from other sources (including, for example, credit bureaux) and each source is hereby authorized to provide you with such information. I/we also understand, acknowledge and agree that the information given in the mortgage application form as well as other information you obtain in relation to my credit history may be disclosed to potential mortgage lenders, mortgage insurers, other service providers, organizations providing technological or other support services required in relation to this application and any other parties with whom I/we propose to have a financial relationship.

I/we further acknowledge and agree that each potential mortgage lender, mortgage insurer or service provider to whom you provide the mortgage application and/or my/our personal information is permitted to receive such application and information and maintain records relating to me/us and my/our mortgage application and to hold, use, communicate and disclose personal information about me/us, including my/our Social Insurance Number (SIN) if I/we provide it, and collect personal information from me/us, you and from third persons, including credit bureaux, credit reporting and collection agencies, financial institutions, my/our past and present employers, creditors and tenants, my/our spouse or any other person who has information about me/us for the purposes of recording, evaluating and responding to my/our application for mortgage financing or related activities and I/we specifically consent to the release and disclosure of personal information by such persons to and among you and each potential mortgage lender, mortgage insurer or other service provider.

Applicant's Signature: **X** \_\_\_\_\_ Co-Applicant's Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_