

Requested Loan DetailsMortgage Type (please check): First ☐ Second ☐ Third ☐ Purchase ☐ Debt Consolidation ☐ Equity Take Out ☐Required Loan Amount: \$ Immediate Financing (within 2 weeks): Yes ☐ No ☐Have you ever filed for Bankruptcy or Consumer Proposal: Yes ☐ No ☐ Date of Discharge: _____
If Yes Please Specify which: _____**If Purchase:** Home Price/Value: \$ Closing Date: Source of Down Payment:**If Debt Consolidation:** Total Liabilities: Date Required:**Personal Information****Primary Applicant**

First Name:	Last Name:	Date of Birth:	MM/ DD/ YEAR
S.I.N.:	Res. Number: ()	Alt. Number: ()	
Email Address:	Marital Status:	Dependents:	
Address: _____			
STREET ADDRESS		CITY	PROVINCE POSTAL CODE
Current Employer: _____		Position: _____	
Gross Annual Income: \$		Check: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> No. Years:	
Previous Employer (if current employment less than 2 yrs): _____			
Position:		Gross Annual Income: \$	No. Years:

Co-Applicant

First Name:	Last Name:	Date of Birth:	MM/ DD/ YEAR
S.I.N.:	Res. Number: ()	Alt. Number: ()	
Email Address:	Marital Status:	Dependents:	
Address: _____			
STREET ADDRESS		CITY	PROVINCE POSTAL CODE
Current Employer: _____		Position: _____	
Gross Annual Income: \$		Check: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> No. Years:	
Previous Employer (if current employment less than 2 yrs): _____			
Position:		Gross Annual Income: \$	No. Years:

Property Description (of property secured for loan)

Address (if different than above): _____			
STREET ADDRESS		CITY	PROVINCE POSTAL CODE
Lot Size (sq feet):	Livable Area (sq feet):	Age:	Owner Occupied <input type="checkbox"/> Rental <input type="checkbox"/>
Please Check all that Apply: Residential <input type="checkbox"/> Condominium <input type="checkbox"/> Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Town-home <input type="checkbox"/> Home <input type="checkbox"/> New <input type="checkbox"/>			
Mon. Property Taxes: \$	Mon. Rental Income (if any): \$	Mon. Maintenance & Fees (if any): \$	
Appraised Value (if applicable): \$		Date Appraised:	

Financial Net Worth

Assets	Value (\$)	Liabilities	Owing (\$)
Cash		Unsecured Debts:	
Principal Residence		Credit Card 1)	
Rental/Other Prop		2)	
Car (owned)		Loan 3)	
RRSP		4)	
Other		Outstanding Collections (if any)	
		Judgments:	

Total Assets ➔

Total Liability ➔

Existing Mortgage(s) Information

Mortgage One	Mortgage Two	Mortgage Three
Holder:	Holder:	Holder:
Same Address: Yes No	Same Address: Yes No	Address:
Interest Rate: %	Interest Rate: %	Interest Rate: %
Mortgage Number:	Mortgage Number:	Mortgage Number:
Amount: \$	Amount: \$	Amount: \$
Maturity Date:	Maturity Date:	Maturity Date:
Payment:	Payment:	Payment:
Amount Remaining After Closing: \$	Amount Remaining After Closing: \$	Amount Remaining After Closing: \$

Refinance Information

Original Purchase Date: _____ Original Purchase Price: \$ _____
 Original Mortgage Amount: \$ _____ Outstanding Amount: \$ _____

Comments and Special Circumstance

Please use this space to provide us with any other information you think we need to know:

I/We warrant and confirm that the information given in the mortgage application is true and correct and I/we understand that it is being used to 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 and 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.

Applicant: _____

Date: _____

Co-Applicant: _____

Date: _____