

Tel: 902-880-5257 Fax: 902-404-3004 Mobile: 902-880-5257 Toll Free: 866-570-3732

282 St. Margaret's Bay Road | Halifax | Nova Scotia | B3N 1J5

www.bradwadden.com

# YOUR MORTGAGE APPLICATION FORM

PLEASE COMPLETE THE FOLLOWING MORTGAGE APPLICATION IN AS MUCH DETAIL AS YOU CAN (REQUIRED INFORMATION HAS BEEN HIGHLIGHTED), THEN CLICK SUBMIT. I WILL REVIEW THE INFORMATION, THEN CONTACT YOU TO DISCUSS YOUR APPLICATION, ANSWER ANY QUESTIONS YOU MIGHT HAVE, AND EXPLAIN NEXT STEPS.

\* MANDATORY FIELD

PLEASE COMPLETE THIS FORM ON ADOBE READER CLICK HERE TO GET IT FOR FREE NOW

#### **MORTGAGE DETAILS**

TYPE OF LOAN:*	PURPOSE OF LOAN:*	
VALUE OF HOME:*	MORTGAGE AMOUNT REQUIRED:*	APPROX DATE FUNDS REQUIRED: (MMDDYYYY)*

## **PERSONAL INFORMATION - APPLICANT 1**

IDENTIFICATION			
TITLE:	FIRST NAME:*	LAST NAME:*	INITIAL:
DATE OF BIRTH: (MMDDYYYY	y)* SIN:	E-MAIL ADDRESS:*	
CURRENT LIVING ADDRES	ss		
NUMBER:* S	TREET NAME:* UNIT #	: CITY/TOWN:*	
PROVINCE:*	POSTAL CODE:* HOME PH.#: (1	112223333)* CELL PH.#: (1112223333)	
TIME AT ADDRESS: (YYMM) (	EG. 4 YEARS & 2 MONTHS = 0402)*		
PRESENT EMPLOYER			
OCCUPATION TYPE:*	NAME OF EMPLOYER:* JOB	TITLE:* WORK PH.#: (111222333	33)
LENGTH OF EMPLOYMENT:	(YYMM) (EG. 4 YEARS & 2 MONTHS = 0402)(NNUAL INCOI	ME:* TYPE OF INCOME:*	
TYPE OF EMPLOYE:*			

## **PERSONAL INFORMATION - APPLICANT 2**

(leave this section blank if you do not wish to enter a second applicant)

IDENTIFICATION			
TITLE:	FIRST NAME:*	LAST NAME:*	INITIAL:
DATE OF BIRTH: (MMDDY	YYY)* SIN:	E-MAIL ADDRESS:*	
CURRENT LIVING ADDR	RESS		
NUMBER:*	STREET NAME:* UNIT #	: CITY/TOWN:*	
PROVINCE:*	POSTAL CODE:* HOME PH.#: (1:	112223333)* CELL PH.#: (1112223333)	
TIME AT ADDRESS: (YYMM	1) (EG. 4 YEARS & 2 MONTHS = 0402)*		
PRESENT EMPLOYER			
OCCUPATION TYPE:*	NAME OF EMPLOYER:* JOB	TITLE:* WORK PH.#: (11122233	333)
LENGTH OF EMPLOYMENT  TYPE OF EMPLOYE:*	T: (YYMM) (EG. 4 YEARS & 2 MONTHS = 0402ANNUAL INCOM	ME:* TYPE OF INCOME:*	

## **FINANCIAL INFORMATION**

ТҮРЕ	WHERE/FINANCIAL INSTITUTION(S)	AMOUNT/VALUE	
Cash Savings			
RRSP			
Stocks/Bonds/Mutual			
Automotive: present value			
Value of present home (if owned)			
Other			
TOTAL:			
LIABILITIES			
TYPE	WHERE/FINANCIAL INSTITUTION(S)	BALANCE OWING	MONTHLY PAYMENTS
Debts/Loans			
Credit Cards			
Amount owing on current mortgage(s)			
Finance company loans and other debts			
Thance company to and and other debts			
TOTAL:			

#### **OTHER INFORMATION**

OTHER INFORMATION CATEGORY:\*

ADDITIONAL NOTE FOR FINANCIAL I	NFORMATION: (MAX. 500 CHARACTER:	S)			
	,	,			
my/our credit responsibility. You are bureau) and each such source is her application form as well as other inf	nformation given in the mortgage apper authorized to obtain any information reby authorized to provide you with sufformation you obtain in relation to my as providing technological or other substitutionship.	n you may red uch information credit histor	quire for these purposes from oth on. I/we also understand that the y may be disclosed to potential r	her sources (including, for e information given in the mortgage lenders, financia	example, credit mortgage al intermediary
Online Applications					
Please read the paragraph above pr paragraph noted above.	ior to sending completed application.	. By transmitt	ing the online mortgage applica	tion you are accepting the	terms of the
CANADA'S ANTI-SPAM LEGISLAT	ION				
<u>Canada's Anti-Spam Legislation</u> was email communications about the la	s effective as of July 1, 2014. Under thi test mortgage news, events, products	is legislation, , and services	l am required to obtain your con s.	sent in order to continue	sending you
PLEASE CONFIRM YOUR CONSENT T	O RECEIVING ELECTRONIC COMMUNIC	CATIONS.*	YES	NO	
SIGNATURE REQUIRED IF THIS D	OCUMENT IS PRINTED. NOT REQU	JIRED FOR C	ONLINE SUBMISSION.		
APPLICANT 1'S SIGNATURE:	DATE:		APPLICANT 2'S SIGNATURE:	DATE:	



**Brad Wadden**Associate Mortgage Broker

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