

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

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| 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 INFORMAT | TION: (MAX. 500 CHARACTERS) | | |
|---|---|---|--|
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| I/we warrant and confirm that the informatio my/our credit responsibility. You are authoriz bureau) and each such source is hereby auth application form as well as other information and mortgage insurers, organizations providi I/we propose to have a financial relationship. | ted to obtain any information you may orized to provide you with such inform you obtain in relation to my credit his ng technological or other support sen | require for these purposes from oth nation. I/we also understand that the story may be disclosed to potential n | ner sources (including, for example, credit e information given in the mortgage nortgage lenders, financial intermediary |
| Online Applications Please read the paragraph above prior to sen paragraph noted above. | ding completed application. By transr | nitting the online mortgage applicat | ion you are accepting the terms of the |
| CANADA'S ANTI-SPAM LEGISLATION | | | |
| Canada's Anti-Spam Legislation was effective | e as of July 1 2014 Under this legislati | on Lam required to obtain your con | sent in order to continue sending you |
| email communications about the latest mort | | | sent in order to continue sending you |
| PLEASE CONFIRM YOUR CONSENT TO RECEIV | ING ELECTRONIC COMMUNICATIONS. | YES | NO |
| | | | |
| SIGNATURE REQUIRED IF THIS DOCUME | IT IS PRINTED. NOT REQUIRED FO | R ONLINE SUBMISSION. | |
| APPLICANT 1'S SIGNATURE: DATE: | | APPLICANT 2'S SIGNATURE: | DATE: |
| | | | |
| | | | |
| | | | |



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