

409 Matheson Boulevard East | Mississauga | Ontario | L4H 2H2

### 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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#### **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 II	NFORMATION: (MAX. 500 CHARACTER	S)		
ADDITIONAL NOTE FOR THANKSIAL II	NI OKMATION. (MAN. 300 CHARACTER)	<i>S</i> <sub>1</sub>		
I/we warrant and confirm that the ir	nformation given in the mortgage app	lication form is true and	correct and I/we under	stand that it is being used to determine
my/our credit responsibility. You are	authorized to obtain any informatio	n you may require for th	ese purposes from othe	r sources (including, for example, credi
application form as well as other inf		credit history may be d	isclosed to potential mo	ortgage lenders, financial intermediary
and mortgage insurers, organization I/we propose to have a financial rela		pport services required	in relation to this applic	cation and any other parties with whom
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Online Applications				
Please read the paragraph above pr	ior to sending completed application	. By transmitting the onl	ine mortgage applicatio	on you are accepting the terms of the
paragraph noted above.			0 0	
CANADA'S ANTI-SPAM LEGISLAT	ION			
Canada's Anti-Spam Legislation was	s effective as of July 1, 2014. Under th	is legislation, I am requir	ed to obtain your conse	ent in order to continue sending you
	test mortgage news, events, products		,	07
PLEASE CONFIRM YOUR CONSENT T	O RECEIVING ELECTRONIC COMMUNI	CATIONS.*	YES	NO
SIGNATURE DECILIRED IS THIS D	OCUMENT IS PRINTED. NOT REQU	IIDED EOD ONI INE SI	IRMISSION	
-	·			DATE
APPLICANT 1'S SIGNATURE:	DATE:	APPLICAN	Γ 2'S SIGNATURE:	DATE:



# Rajgopal Bodapati Agent

Tel: 905-757-1900 Mobile: 647-679-3916

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