

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

L

MORT	GAGE	DETAI	LS
------	------	-------	----

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) NUAL INCOME:* 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	L INFORMATION: (MAX. 500 CHARACTERS)		
my/our credit responsibility. You a bureau) and each such source is h application form as well as other i	information given in the mortgage application fo are authorized to obtain any information you may ereby authorized to provide you with such inform nformation you obtain in relation to my credit his ions providing technological or other support serv elationship.	require for these purposes from oth ation. I/we also understand that the cory may be disclosed to potential r	ner sources (including, for example, credit e information given in the mortgage nortgage lenders, financial intermediary
Online Applications			
Please read the paragraph above paragraph noted above.	prior to sending completed application. By transn	nitting the online mortgage applicat	cion you are accepting the terms of the
CANADA'S ANTI-SPAM LEGISLA	ATION		
	ras effective as of July 1, 2014. Under this legislatic latest mortgage news, events, products, and servi	· · · · · · · · · · · · · · · · · · ·	sent in order to continue sending you
PLEASE CONFIRM YOUR CONSENT	TO RECEIVING ELECTRONIC COMMUNICATIONS.*	YES	NO
_	DOCUMENT IS PRINTED. NOT REQUIRED FO		DATE:
APPLICANT 1'S SIGNATURE:	DATE:	APPLICANT 2'S SIGNATURE:	DATE:
	Kelly Gravelle		
	Mortgage Agent Level 1		

Fax: 705-524-1523



Tel: 705-524-0844

Mobile: 705-626-5227

2096 Fire route O | Azilda | Ontario | P0M 1B0