

236 Grafton Street | Charlottetown | Prince Edward Island | C1A 1L5

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 INFORMATIO	N: (MAX. 500 CHARACTERS)		
I/we warrant and confirm that the information g my/our credit responsibility. You are authorized bureau) and each such source is hereby authorized application form as well as other information you and mortgage insurers, organizations providing I/we propose to have a financial relationship.	to obtain any information you may zed to provide you with such informa ou obtain in relation to my credit hist	require for these purposes from othe ation. I/we also understand that the i ory may be disclosed to potential mo	er sources (including, for example, credi Information given in the mortgage Ortgage lenders, financial intermediary
Online Applications			
Please read the paragraph above prior to sendir paragraph noted above.	ng completed application. By transm	itting the online mortgage application	on you are accepting the terms of the
CANADA'S ANTI-SPAM LEGISLATION			
<u>Canada's Anti-Spam Legislation</u> was effective as email communications about the latest mortgage			ent in order to continue sending you
PLEASE CONFIRM YOUR CONSENT TO RECEIVING	G ELECTRONIC COMMUNICATIONS.*	YES	NO
SIGNATURE REQUIRED IF THIS DOCUMENT	IS PRINTED. NOT REQUIRED FOI	R ONLINE SUBMISSION.	
APPLICANT 1'S SIGNATURE: DATE:		APPLICANT 2'S SIGNATURE:	DATE:



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