

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

1

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 INFORMATION: (MAX. 500 CHARACTERS)	
ALBERTA IN TELEVISION OF THE THE STATE OF TH	
I/we warrant and confirm that the information given in the mortgage application my/our credit responsibility. You are authorized to obtain any information you mabureau) and each such source is hereby authorized to provide you with such infor application form as well as other information you obtain in relation to my credit hand mortgage insurers, organizations providing technological or other support sel/we propose to have a financial relationship.	ly require for these purposes from other sources (including, for example, credit mation. I/we also understand that the information given in the mortgage istory may be disclosed to potential mortgage lenders, financial intermediary
Online Applications	
Please read the paragraph above prior to sending completed application. By transparagraph noted above.	smitting the online mortgage application you are accepting the terms of the
CANADA'S ANTI-SPAM LEGISLATION	
<u>Canada's Anti-Spam Legislation</u> was effective as of July 1, 2014. Under this legisla email communications about the latest mortgage news, events, products, and ser	
PLEASE CONFIRM YOUR CONSENT TO RECEIVING ELECTRONIC COMMUNICATIONS	YES NO
SIGNATURE REQUIRED IF THIS DOCUMENT IS PRINTED. NOT REQUIRED F	
APPLICANT 1'S SIGNATURE: DATE:	APPLICANT 2'S SIGNATURE: DATE:
Maria Palas	
Mark Brine Mortgage Agent Level 2	



Tel: 519-868-9838

578 Upper James | Hamilton | Ontario | L9C 2Y6