

### 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
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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 I	NFORMATION: (MAX. 500 CHARA	ACTERS)			
I/we warrant and confirm that the in	nformation given in the mortgag	ge application form i	s true and correct and I/we unde	erstand that it is heing us	ed to determine
my/our credit responsibility. You are	e authorized to obtain any infor	mation you may req	uire for these purposes from oth	er sources (including, for	example, credit
bureau) and each such source is her application form as well as other inf					
and mortgage insurers, organization I/we propose to have a financial rela		her support services	required in relation to this appl	ication and any other par	rties with whom
, , , , , , , , , , , , , , , , , , , ,					
Online Applications					
Please read the paragraph above pr	rior to sending completed applic	cation. By transmitti	ng the online mortgage applicat	ion you are accepting the	e terms of the
paragraph noted above.					
CANADA'S ANTI-SPAM LEGISLAT	TON				
Canada's Anti-Spam Legislation was				sent in order to continue	sending you
email communications about the la	test mortgage news, events, pro	oducts, and services.			
PLEASE CONFIRM YOUR CONSENT T	O RECEIVING ELECTRONIC COM	IMUNICATIONS.*	YES	NO	
SIGNATURE REQUIRED IF THIS D	OCUMENT IS PRINTED. NOT	REQUIRED FOR O	NLINE SUBMISSION.		
APPLICANT 1'S SIGNATURE:	DATE:	A	PPLICANT 2'S SIGNATURE:	DATE:	



# Andria Dopp Mortgage Agent Level 1

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