

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 CHARACTE | ERS) | | | |
|---|--------------------------------------|------------------|-------------------------|-----------------|--|
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| my/our credit responsibility. You are | authorized to obtain any informat | ion you may re | quire for these purpos | ses from other | tand that it is being used to determine sources (including, for example, credit |
| | ormation you obtain in relation to r | my credit histor | y may be disclosed to | potential moi | rtgage lenders, financial intermediary |
| and mortgage insurers, organization I/we propose to have a financial rela | | support service | es required in relation | to this applica | ition and any other parties with whom |
| | | | | | |
| Online Applications | | | | | |
| Please read the paragraph above pr paragraph noted above. | ior to sending completed application | on. By transmit | ting the online mortga | age application | n you are accepting the terms of the |
| CANADA'S ANTI-SPAM LEGISLAT | ION | | | | |
| Canada's Anti-Spam Legislation was email communications about the lat | | | | in your conser | nt in order to continue sending you |
| PLEASE CONFIRM YOUR CONSENT T | O RECEIVING ELECTRONIC COMMU | NICATIONS.* | | YES | NO |
| | | | | | |
| SIGNATURE REQUIRED IF THIS D | OCUMENT IS PRINTED. NOT RE | QUIRED FOR | ONLINE SUBMISSIO | N. | |
| APPLICANT 1'S SIGNATURE: | DATE: | | APPLICANT 2'S SIGNA | ATURE: | DATE: |
| | | | | | |
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Nitin Sehgal Mortgage Agent Level 1

578 Upper James | Hamilton | Ontario | L9C 2Y6

Tel: 647-640-4315