

# 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) 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 FINANC	IAL INFORMATION: (MAX. 500 CHARACTERS)		
	·		
I/we warrant and confirm that t	he information given in the mortgage applicatior	n form is true and correct and I/we under	stand that it is being used to determine
bureau) and each such source is	u are authorized to obtain any information you m s hereby authorized to provide you with such info	rmation. I/we also understand that the i	nformation given in the mortgage
and mortgage insurers, organiz	er information you obtain in relation to my credit ations providing technological or other support s		
I/we propose to have a financia	relationship.		
Online Applications			
Please read the paragraph above paragraph noted above.	ve prior to sending completed application. By trai	nsmitting the online mortgage application	on you are accepting the terms of the
CANADA'S ANTI-SPAM LEGIS	LATION		
	uwas effective as of July 1, 2014. Under this legisl ne latest mortgage news, events, products, and so		ent in order to continue sending you
PLEASE CONFIRM YOUR CONSE	NT TO RECEIVING ELECTRONIC COMMUNICATION	YES	NO
_	IIS DOCUMENT IS PRINTED. NOT REQUIRED		DATE
APPLICANT 1'S SIGNATURE:	DATE:	APPLICANT 2'S SIGNATURE:	DATE:
	Shawn Gale Agent		
	Tel: 416-204-0157 Mob	ile: 416-999-3969	
	2   5757 Kennedy Road   Mississauga	Ontario   L4Z 0C5	



shawngale.com