



Submit

Requested Loan Details

Mortgage Type (please check): First <input type="checkbox"/> Second <input type="checkbox"/> Switch <input type="checkbox"/> Purchase <input type="checkbox"/> Debt Consolidation <input type="checkbox"/> Line of Credit <input type="checkbox"/>				
Required Loan Amount: \$		Immediate Financing (within 2 weeks): Yes <input type="checkbox"/> No <input type="checkbox"/>		
Rate Type:	Amortization:	Interest Rate:	Down-payment Amount:	or %
Have you ever filed for Bankruptcy or Consumer Proposal: Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Discharge:				
If Purchase: Home Price/Value: \$		Closing Date:	Source of Down Payment:	
If Debt Consolidation: Total Liabilities:		Date Required:	Referral:	

Personal Information

Primary Applicant

dd/ mm year

First Name:	Last Name:	Date of Birth:	S.I.N	Marital Status:
Home Phone:() -	Work Phone () -	Cell Phone () -		
Email Address:	Dependents:	Time at Residence current address years:	Status.	\$
Address:	Unit #:	City:	Province:	Postal Code:
Current Employer:	Address:	Unit #:	City:	Postal Code:
Job Title:	Occupation:	Industry Sector:	Income Type:	
Gross Annual Income: \$	Net Annual Income: \$	Income Period:	Per Hour.	Hours Guaranty
Time at job:	Years in Industry:	Check: Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>
(if current employment less than 3 years or 2nd employment):				
job Title:	Occupation:	Industry Sector:	Annual Income: \$	Time at job:

Co-Applicant

dd/ mm year

First Name:	Last Name:	Date of Birth:	S.I.N	Marital Status:
Home Phone:() -	Work Phone () -	Cell Phone () -		
Email Address:	Dependents:	Time at Residence current address years:	Status.	\$
Address:	Unit #:	City:	Province:	Postal Code:
Current Employer:	Address:	Unit #:	City:	Postal Code:
Job Title:	Occupation:	Industry Sector:	Income Type:	
Gross Annual Income: \$	Net Annual Income: \$	Income Period:	Per Hour.	Hours Guaranty
Time at job:	Years in Industry:	Check: Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>
(if current employment less than 3 years or 2nd employment):				
job Title:	Occupation:	Industry Sector:	Annual Income: \$	Time at job:

Property Description (of property secured for loan)

Address (if different than above):

Address:	Unit #:	City:	Province:	Postal Code:
Lot Size (sq feet):	Livable Area (sq feet):	Style:	Owner Occupied <input type="checkbox"/>	Rental <input type="checkbox"/>
Please Check all that Apply: Residential <input type="checkbox"/> Condominium <input type="checkbox"/> Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Town-home <input type="checkbox"/> Home <input type="checkbox"/> New <input type="checkbox"/>				
Property Taxes: \$	Mon. Rental Income (if any): \$	Mon. Maintenance & Fees (if any): \$		
Appraised Value (if applicable): \$	Date Appraised:	or Estimated Value:		

Other Income

Income Type	or Description	Income Period:	Income Amount: \$
-------------	----------------	----------------	-------------------

Financial Net Worth

Assets		Value (\$)	Liabilities		Owing (\$)	pay off
Saving in Bank						
Principal Residence						
Rental/Other Prop						
Car (owned)						
Car (owned)						
R.R.S.P.						
Other						
Other						
Total Assets			Total Liability			

Existing Mortgage(s) Information

Mortgage One	Mortgage Two	Mortgage Three
Holder:	Holder:	Holder:
Same Address: Yes <input type="checkbox"/> No <input type="checkbox"/>	Same Address: Yes <input type="checkbox"/> No <input type="checkbox"/>	Same Address: Yes <input type="checkbox"/> No <input type="checkbox"/>
Interest Rate: %	Interest Rate: %	Interest Rate: %
Mortgage Number:	Mortgage Number:	Mortgage Number:
Amount: \$	Amount: \$	Amount: \$
Maturity Date:	Maturity Date:	Maturity Date:
Payment:	Payment:	Payment:
Amount Remaining After Closing: \$	Amount Remaining After Closing: \$	Amount Remaining After Closing: \$

Refinance Information

Original Purchase Date: _____ Original Purchase Price: \$ _____
 Original Mortgage Amount: \$ _____ Outstanding Amount: \$ _____

Comments and Special Circumstance

Please use this space to provide us with any other information you think we need to know:

Lawyer Name: _____
 Lawyer Address: _____
 Phone: _____ Fax: _____

I/We warrant and confirm that the information given in the mortgage application is true and correct and I/we understand that it is being used to determine my/our credit responsibility. You are authorized to obtain any information you may require relative to this application from any sources to which you may apply and each such source is hereby authorized to provide you with such information. You are furthermore authorized to disclose, in response to direct inquiries from any other lender or credit bureau, such information on my loaning account as you consider appropriate, and I agree to indemnify you against and save you harm from any and all claims and damages or otherwise arising from such disclosure on you part. You are also authorized to retain the application whether or not the relative mortgage is approved,

Applicant Signature:

Date: _____

Co-Applicant Signature:

Date: _____