

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: (MMDDYYY | Y)* SIN: | E-MAIL ADDRESS:* | |
| | | | |
| MARITAL STATUS: | | | |
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| | | | |
| CURRENT LIVING ADDRE | ESS | | |
| NUMBER:* | STREET NAME:* UNIT # | : CITY/TOWN:* | |
| | | | |
| PROVINCE:* | DOSTAL /7ID CODE#OME DLL #- /r- | CELL DI #- (*********************************** | |
| PROVINCE: | POSTAL/ZIP CODE#OME PH.#: (11 | 12223333)* CELL PH.#: (1112223333) | |
| | | | |
| TIME AT ADDRESS: (YYMM) (E | G. 4 YEARS & 2 MONTHS = 0402)* | | |
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| | | | |
| PREVIOUS ADDRESSES | (OPTIONAL; WITHIN THE LAST THREE YEARS) | | |
| | | | |
| NUMBER:* | STREET NAME:* UNIT # | : CITY/TOWN:* | |
| | | | |
| PROVINCE:* | POSTAL/ZIP CODERESIDENTIAL S | TATUS* | |
| | | | |
| | | | |
| TIME AT ADDRESS: (YYMM) (E | G. 4 YEARS & 2 MONTHS = 0402)* | | |
| | | | |



PERSONAL INFORMATION - APPLICANT 1

| PRESENT EMPLOYER | | | |
|----------------------------------|------------------------------------|----------------|-------------------------|
| OCCUPATION TYPE:* | NAME OF EMPLOYER:* | JOB TITLE:* | WORK PH.#: (1112223333) |
| LENGTH OF EMPLOYMENT: (YYMM) (EG | i. 4 YEARS & 2 MONTHS = 0402)* AN | INUAL INCOME:* | TYPE OF INCOME:* |
| PREVIOUS EMPLOYER (OF | PTIONAL; WITHIN THE LAST THREE | YEARS) | |
| OCCUPATION TYPE:* | NAME OF EMPLOYER:* | JOB TITLE:* | WORK PH.#: (1112223333) |
| LENGTH OF EMPLOYMENT: (YYMM) (EG | 6. 4 YEARS & 2 MONTHS = 0402)* AN | INUAL INCOME:* | TYPE OF INCOME:* |

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: (MMDDYY | YY)* SIN: | E-MAIL ADDRES | SS:* | |
| | | | | |
| MARITAL STATUS: | | | | |
| CURRENT LIVING ADDR | ESS | | | |
| NUMBER:* | STREET NAME:* | UNIT #: CITY/TOWI | N:* | |
| | | | | |
| | | | | |
| PROVINCE:* | POSTAL/ZIP CODI | E拧OME PH.#: (1112223333)* | 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) |
| | TO THE OTER. | JOS IIIEE. | WORKT H.M. (IIIIZZZZZZZ | ,,,, |
| | | | | |
| LENGTH OF EMPLOYMENT | : (YYMM) (EG. 4 YEARS & 2 MONTHS = 0402)* | ANNUAL INCOME:* | TYPE OF INCOME:* | |
| | | | | |
| | | | | |
| PREVIOUS EMPLOYER | (OPTIONAL; WITHIN THE LAST THE | REE YEARS) | | |
| OCCUPATION TYPE:* | NAME OF EMPLOYER:* | JOB TITLE:* | WORK PH.#: (111222333 | 33) |
| | | | | |
| | | | | |
| LENGTH OF EMPLOYMENT | : (YYMM) (EG. 4 YEARS & 2 MONTHS = 0402)* | ANNUAL INCOME:* | TYPE OF INCOME:* | |
| | | | | |

FINANCIAL INFORMATION

| Α | S | S | E | Т | S |
|---|---|---|---|---|---|
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| ТҮРЕ | WHERE/FINANCIAL INSTITUTION(S) | AMOUNT/VALUE | |
|--|--------------------------------|---------------|------------------|
| Cash Savings | | | |
| RRSP | | | |
| Stocks/Bonds/Mutual | | | |
| Automotive: present value | | | |
| Value of present home (if owned) | | | |
| Other | | | |
| TOTAL: | | | |
| LIABULITIES | | | |
| LIABILITIES | | | |
| TYPE | WHERE/FINANCIAL INSTITUTION(S) | BALANCE OWING | MONTHLY PAYMENTS |
| | WHERE/FINANCIAL INSTITUTION(S) | BALANCE OWING | MONTHLY PAYMENTS |
| ТҮРЕ | WHERE/FINANCIAL INSTITUTION(S) | BALANCE OWING | MONTHLY PAYMENTS |
| TYPE Debts/Loans | WHERE/FINANCIAL INSTITUTION(S) | BALANCE OWING | MONTHLY PAYMENTS |
| TYPE Debts/Loans Credit Cards | WHERE/FINANCIAL INSTITUTION(S) | BALANCE OWING | MONTHLY PAYMENTS |
| TYPE Debts/Loans Credit Cards Amount owing on current mortgage(s) | WHERE/FINANCIAL INSTITUTION(S) | BALANCE OWING | MONTHLY PAYMENTS |



NET WORTH (TOTAL ASSETS - TOTAL LIABILITIES) = \$

CURRENT MORTGAGES/PROPERTIES OWNED

(LEAVE THIS SECTION BLANK IF YOU DO NOT WISH TO ENTER CURRENT MORTGAGE/PROPERTIES)

| PROPERTY#1 | |
|--|------------------------|
| NUMBER:* STREET NAME:* UNIT #: CITY/TOW | /N:* |
| | |
| | |
| PROVINCE:* POSTAL/ZIP CODEPROPERTY VALUE:* | RENTAL INCOME: |
| | |
| | |
| ALL FIELDS BELOW ARE REQUIRED IF YOU HAVE A CURRENT MORTGAGE* | |
| EXISTING MORTGAGE BANK/LENDER: MORTGAGE RATE %: MONTHLY PAYMEN | ITS: MORTGAGE BALANCE: |
| | |
| | |
| | |
| PROPERTY#2 | |
| NUMBER:* STREET NAME:* UNIT #: CITY/TOW | /N:* |
| | |
| | |
| PROVINCE:* POSTAL/ZIP CODEPROPERTY VALUE:* | RENTAL INCOME: |
| | |
| | |
| ALL FIELDS BELOW ARE REQUIRED IF YOU HAVE A CURRENT MORTGAGE* | |
| EXISTING MORTGAGE BANK/LENDER: MORTGAGE RATE %: MONTHLY PAYMEN | ITS: MORTGAGE BALANCE: |
| | |
| | |
| PROPERTY#2 | |
| PROPERTY#3 | |
| NUMBER:* STREET NAME:* UNIT #: CITY/TOW | /N:* |
| | |
| | |
| PROVINCE:* POSTAL/ZIP CODE#ROPERTY VALUE:* | RENTAL INCOME: |
| | |
| | |
| ALL FIELDS BELOW ARE REQUIRED IF YOU HAVE A CURRENT MORTGAGE* | |
| EXISTING MORTGAGE BANK/LENDER: MORTGAGE RATE %: MONTHLY PAYMEN | ITS: MORTGAGE BALANCE: |
| | |



OTHER INFORMATION

| ADDITIONAL NOTE FOR FINANCIAL INFORMATION: (MAX. 500 CHARACTERS | 5) | | | | |
|---|---|---|---|--|--|
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| I/we warrant and confirm that the information given in the mortgage applimy/our credit responsibility. You are authorized to obtain any information bureau) and each such source is hereby authorized to provide you with suapplication form as well as other information you obtain in relation to my and mortgage insurers, organizations providing technological or other sup I/we propose to have a financial relationship. You may retain our application complete. I/we will pay all legal, property appraisal, registration, and othe acknowledge and agree that you may be entitled to receive financial comp | n you may red ch information credit histor oport service ion and othe er costs or ex | quire for these purposes on. I/we also understand y may be disclosed to po s required in relation to to the personal information we penses incurred by you in | from other that the in tential mor this applica hether or n connection | sources (including, fo formation given in the rtgage lenders, financi ition and any other pa not any transaction is on with this transactio | r example, credit e mortgage fal intermediary rties with whom ultimately n. I/we also |
| Online Applications | | | | | |
| Please read the paragraph above prior to sending completed application. paragraph noted above. | By transmitt | ing the online mortgage | applicatior | n you are accepting th | e terms of the |
| CANADA'S ANTI-SPAM LEGISLATION | | | | | |
| <u>Canada's Anti-Spam Legislation</u> was effective as of July 1, 2014. Under this email communications about the latest mortgage news, events, products, | | | our conser | nt in order to continue | sending you |
| PLEASE CONFIRM YOUR CONSENT TO RECEIVING ELECTRONIC COMMUNIC | CATIONS.* | YE | ES | NO | |
| | | | | | |
| SIGNATURE REQUIRED IF THIS DOCUMENT IS PRINTED. NOT REQU | IRED FOR C | ONLINE SUBMISSION. | | | |
| APPLICANT 1'S SIGNATURE: DATE: | | APPLICANT 2'S SIGNATU | RE: | DATE: | |
| | | | | | |



Azeem Moledina Manager Mortgage Specialist

Mobile: 604-614-6786 Toll Free: 604-495-8787

600 - 1200 West 73rd Avenue | Vancouver | British Columbia | V6P 6G5