

# 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:            |   |   |          |
|                            |   |   |          |
|                            |   |   |          |
|                            |   |   |          |
| 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)*          |   |          |
|                            |   |   |          |
|                            |   |   |          |
| 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 OTE AND ESTER.                     | 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 |
|---|---|---|---|---|---|
|   |   |   |   |   |   |

| 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 |

| my/our credit responsibility. You are autibureau) and each such source is hereby a application form as well as other informand mortgage insurers, organizations pro I/we propose to have a financial relations complete. I/we will pay all legal, property | nation given in the mortgage application fo horized to obtain any information you may authorized to provide you with such inform ation you obtain in relation to my credit his oviding technological or other support serv ship. You may retain our application and ot y appraisal, registration, and other costs or entitled to receive financial compensation | require for these purposes from othe<br>ation. I/we also understand that the i<br>cory may be disclosed to potential manalism<br>ices required in relation to this application<br>her personal information whether or<br>expenses incurred by you in connect | er sources (including, for example, cred<br>information given in the mortgage<br>ortgage lenders, financial intermediary<br>cation and any other parties with whon<br>not any transaction is ultimately<br>ion with this transaction. I/we also |
|--|---|--|---|
| Online Applications  |   |  |   |
| Please read the paragraph above prior to paragraph noted above.  | o sending completed application. By transn  | nitting the online mortgage application  | on you are accepting the terms of the   |
| CANADA'S ANTI-SPAM LEGISLATION   |   |  |   |
|  | ctive as of July 1, 2014. Under this legislation nortgage news, events, products, and servi   |  | ent in order to continue sending you  |
| PLEASE CONFIRM YOUR CONSENT TO RE  | CEIVING ELECTRONIC COMMUNICATIONS.*   | YES  | NO  |
| SIGNATURE REQUIRED IF THIS DOCU  | JMENT IS PRINTED. NOT REQUIRED FO   | R ONLINE SUBMISSION.   |   |
| APPLICANT 1'S SIGNATURE: DA  | TE:   | APPLICANT 2'S SIGNATURE:   | DATE:   |



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