

http://www.mohitmasand.ca

mohit.m@dominionlending.ca

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 I | NFORMATION: (MAX. 500 CHARACTERS | S) | | | |
|---|---|---|--|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| my/our credit responsibility. You are bureau) and each such source is her application form as well as other inf and mortgage insurers, organization I/we propose to have a financial rela- complete. I/we will pay all legal, pro- | nformation given in the mortgage apple authorized to obtain any information reby authorized to provide you with su formation you obtain in relation to my ns providing technological or other sulationship. You may retain our applicat prerty appraisal, registration, and other by be entitled to receive financial com | n you may re ich informati credit histor pport service ion and othe er costs or ex | quire for these purposes from o on. I/we also understand that t ry may be disclosed to potentia es required in relation to this ap or personal information whethe epenses incurred by you in conn | ther sources (including, he information given in t l mortgage lenders, finar plication and any other I r or not any transaction i ection with this transact | for example, credi the mortgage ncial intermediary parties with whom s ultimately ion. I/we also |
| Online Applications | | | | | |
| Please read the paragraph above pr paragraph noted above. | ior to sending completed application. | By transmit | ting the online mortgage applic | ation you are accepting | the terms of the |
| CANADA'S ANTI-SPAM LEGISLAT | ION | | | | |
| | s effective as of July 1, 2014. Under thi test mortgage news, events, products | | | onsent in order to contin | ue sending you |
| PLEASE CONFIRM YOUR CONSENT T | O RECEIVING ELECTRONIC COMMUNIC | CATIONS.* | YES | NO | |
| | | | | | |
| SIGNATURE REQUIRED IF THIS D | OCUMENT IS PRINTED. NOT REQU | JIRED FOR | ONLINE SUBMISSION. | | |
| APPLICANT 1'S SIGNATURE: | DATE: | | APPLICANT 2'S SIGNATURE: | DATE: | |
| | | | | | |
| | | | | | |



Mohit Masand
Mortgage Agent Level 2
Tel: 905-604-4422 Mobile: 647-709-2117
703 - 100 Allstate Parkway | Markham | Ontario | L3R 6H3
mohit.m@dominionlending.ca
http://www.mohitmasand.ca

