

# 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  | S)  |   |   |   |
|--|--|---|---|---|---|
|  |  |   |   |   |   |
| my/our credit responsibility. You ar<br>bureau) and each such source is he<br>application form as well as other in<br>and mortgage insurers, organizatio<br>I/we propose to have a financial rel<br>complete. I/we will pay all legal, pro | nformation given in the mortgage applice authorized to obtain any information reby authorized to provide you with suformation you obtain in relation to myons providing technological or other supationship. You may retain our applicationerty appraisal, registration, and other ay be entitled to receive financial compares. | n you may re<br>ich informati<br>credit histor<br>pport service<br>ion and othe<br>er costs or ex | quire for these purposes from o<br>on. I/we also understand that t<br>ry may be disclosed to potentia<br>es required in relation to this ap<br>or personal information whethe<br>penses incurred by you in conn | other sources (in<br>the information<br>I mortgage lence<br>plication and a<br>r or not any tran<br>section with this | ncluding, for example, credi<br>given in the mortgage<br>lers, financial intermediary<br>ny other parties with whom<br>nsaction is ultimately<br>s transaction. I/we also |
| Online Applications  |  |   |   |   |   |
| Please read the paragraph above paragraph noted above.   | rior to sending completed application.   | By transmit   | ting the online mortgage applic   | ation you are a   | ccepting the terms of the   |
| CANADA'S ANTI-SPAM LEGISLAT  | TION   |   |   |   |   |
|  | is effective as of July 1, 2014. Under this atest mortgage news, events, products,   |   |   | onsent in order   | to continue sending you   |
| PLEASE CONFIRM YOUR CONSENT  | TO RECEIVING ELECTRONIC COMMUNIC   | CATIONS.*   | YES   | NO  |   |
|  |  |   |   |   |   |
| SIGNATURE REQUIRED IF THIS I   | DOCUMENT IS PRINTED. NOT REQU  | JIRED FOR   | ONLINE SUBMISSION.  |   |   |
| APPLICANT 1'S SIGNATURE:   | DATE:  |   | APPLICANT 2'S SIGNATURE:  | DATE:   |   |
|  |  |   |   |   |   |



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