



Nectarios Petropoulos

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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)			
	THE CHARLES THE CONTROL OF THE CONTR				
my/our credit responsibility. You a bureau) and each such source is he application form as well as other ir and mortgage insurers, organization I/we propose to have a financial re complete. I/we will pay all legal, pr	information given in the mortgage appire authorized to obtain any information ereby authorized to provide you with sufformation you obtain in relation to myons providing technological or other sulationship. You may retain our applicat operty appraisal, registration, and other any be entitled to receive financial com	n you may requich information credit history pport services ion and other er costs or exp	uire for these purposes from oth n. I/we also understand that the may be disclosed to potential n required in relation to this appl personal information whether can enses incurred by you in connect	ner sources (including, for example e information given in the mortgag nortgage lenders, financial interm ication and any other parties with or not any transaction is ultimately ction with this transaction. I/we al	e, credi ge nediary n whom y
Online Applications					
Please read the paragraph above p paragraph noted above.	rior to sending completed application.	By transmittii	ng the online mortgage applicat	ion you are accepting the terms o	of the
CANADA'S ANTI-SPAM LEGISLA	TION				
	as effective as of July 1, 2014. Under thi atest mortgage news, events, products		am required to obtain your con	sent in order to continue sending	you
PLEASE CONFIRM YOUR CONSENT	TO RECEIVING ELECTRONIC COMMUNIC	CATIONS.*	YES	NO	
SIGNATURE REQUIRED IF THIS APPLICANT 1'S SIGNATURE:	DOCUMENT IS PRINTED. NOT REQU		NLINE SUBMISSION.	DATE:	
AFFEICANT I 3 SIGNATURE.	DATE.		FFEICANT 2 3 SIGNATURE.	DATE.	



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