

esoz@dominionlending.ca
http://myezmortgage.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 INFORMATION: (MAX. 500 CHARACTER | S) |
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| my/our credit responsibility. You are authorized to obtain any information bureau) and each such source is hereby authorized to provide you with supplication form as well as other information you obtain in relation to my and mortgage insurers, organizations providing technological or other surfice propose to have a financial relationship. You may retain our applications in the propose to have a financial relationship. | olication form is true and correct and I/we understand that it is being used to determin nyou may require for these purposes from other sources (including, for example, cred uch information. I/we also understand that the information given in the mortgage y credit history may be disclosed to potential mortgage lenders, financial intermediary upport services required in relation to this application and any other parties with whon tion and other personal information whether or not any transaction is ultimately er costs or expenses incurred by you in connection with this transaction. I/we also appensation with respect to a transaction from a lender or other person. |
| Online Applications | |
| Please read the paragraph above prior to sending completed application paragraph noted above. | . By transmitting the online mortgage application you are accepting the terms of the |
| CANADA'S ANTI-SPAM LEGISLATION | |
| <u>Canada's Anti-Spam Legislation</u> was effective as of July 1, 2014. Under the email communications about the latest mortgage news, events, products | is legislation, I am required to obtain your consent in order to continue sending you s, and services. |
| PLEASE CONFIRM YOUR CONSENT TO RECEIVING ELECTRONIC COMMUNI | CATIONS.* YES NO |
| | |
| SIGNATURE REQUIRED IF THIS DOCUMENT IS PRINTED. NOT REQU | |
| APPLICANT 1'S SIGNATURE: DATE: | APPLICANT 2'S SIGNATURE: DATE: |



Eso Zivojevic
Mortgage Agent Level 1

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Mobile: 289-697-7653

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