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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:*                 | POSTAL/ZIP CODE挡OME PH.#: (1)           | .112223333)* CELL PH.#: (1112223333) |          |
| FROVINCE.                  | FOSTAL/ZIF CODE NOME FIT.#. (II         | 12225355) CELL F11.#. (1112225355)   |          |
|                            |   |                                      |          |
| 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            | STATUS*                              |          |
|                            |   |                                      |          |
|                            |   |                                      |          |
| 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 | Е | 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:   |                                |               |                  |
|  |                                |               |                  |
| 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/TOWN:*                        |
|   |                                    |
|   |                                    |
| PROVINCE:* POSTAL/ZIP CODEPROPERTY VALUE:*                    | RENTAL INCOME:                     |
|   |                                    |
|   |                                    |
| ALL FIELDS BELOW ARE REQUIRED IF YOU HAVE A CURRENT MORTGAGE* |                                    |
| EXISTING MORTGAGE BANK/LENDER: MORTGAGE RATE %: MO            | ONTHLY PAYMENTS: MORTGAGE BALANCE: |
|   |                                    |
|   |                                    |
|   |                                    |
| PROPERTY#2  |                                    |
| NUMBER:* STREET NAME:* UNIT #:                                | CITY/TOWN:*                        |
|   |                                    |
|   |                                    |
| PROVINCE:* POSTAL/ZIP CODE#PROPERTY VALUE:*                   | RENTAL INCOME:                     |
|   |                                    |
|   |                                    |
| ALL FIELDS BELOW ARE REQUIRED IF YOU HAVE A CURRENT MORTGAGE* |                                    |
| EXISTING MORTGAGE BANK/LENDER: MORTGAGE RATE %: MO            | DNTHLY PAYMENTS: MORTGAGE BALANCE: |
|   |                                    |
|   |                                    |
|   |                                    |
| PROPERTY#3  |                                    |
| NUMBER:* STREET NAME:* UNIT #:                                | CITY/TOWN:*                        |
|   |                                    |
|   |                                    |
| PROVINCE:* POSTAL/ZIP CODEPROPERTY VALUE:*                    | RENTAL INCOME:                     |
|   |                                    |
|   |                                    |
| ALL FIELDS BELOW ARE REQUIRED IF YOU HAVE A CURRENT MORTGAGE* |                                    |
| EXISTING MORTGAGE BANK/LENDER: MORTGAGE RATE %: MO            | ONTHLY PAYMENTS: MORTGAGE BALANCE: |
|   |                                    |



#### **OTHER INFORMATION**

| ADDITIONAL NOTE FOR FINANCIAL I   | INFORMATION: (MAX. 500 CHARACTERS  | S)  |   |  |
|---|--|---|---|--|
| ADDITIONAL NOTE FOR THANKS ALL  | IN OKNIVITON. (III) W. 300 CIVITA CI EK  |   |   |  |
|   |  |   |   |  |
| 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 | e authorized to obtain any informatior<br>reby authorized to provide you with su<br>formation you obtain in relation to my | 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 ot<br>on. I/we also understand that th<br>y may be disclosed to potential<br>es required in relation to this app<br>r personal information whether<br>penses incurred by you in conne | mortgage lenders, financial intermediar<br>blication and any other parties with who<br>or not any transaction is ultimately<br>ection with this transaction. I/we also |
| Online Applications   |  |   |   |  |
| Please read the paragraph above proparagraph noted above.   | rior to sending completed application.   | By transmit   | ting the online mortgage applica  | ation you are accepting the terms of the   |
| CANADA'S ANTI-SPAM LEGISLAT   | TION   |   |   |  |
|   | s effective as of July 1, 2014. Under thi  |   |   | nsent in order to continue sending you   |
| PLEASE CONFIRM YOUR CONSENT 1   | 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:  |
|   |  |   |   |  |



Shane Blondin
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