

# 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	5)				
I/we warrant and confirm that the information given in the mortgage applimy/our credit responsibility. You are authorized to obtain any information bureau) and each such source is hereby authorized to provide you with suapplication form as well as other information you obtain in relation to my and mortgage insurers, organizations providing technological or other sup I/we propose to have a financial relationship. You may retain our application complete. I/we will pay all legal, property appraisal, registration, and othe acknowledge and agree that you may be entitled to receive financial comp	n you may red ch information credit histor oport service ion and othe er costs or ex	quire for these purposes on. I/we also understand y may be disclosed to po s required in relation to to the personal information we penses incurred by you in	from other that the in tential mor this applica hether or n connection	sources (including, fo formation given in the rtgage lenders, financi ition and any other pa not any transaction is on with this transactio	r example, credit e mortgage fal intermediary rties with whom ultimately n. I/we also
Online Applications					
Please read the paragraph above prior to sending completed application. paragraph noted above.	By transmitt	ing the online mortgage	applicatior	n you are accepting th	e terms of the
CANADA'S ANTI-SPAM LEGISLATION					
<u>Canada's Anti-Spam Legislation</u> was effective as of July 1, 2014. Under this email communications about the latest mortgage news, events, products,			our conser	nt in order to continue	sending you
PLEASE CONFIRM YOUR CONSENT TO RECEIVING ELECTRONIC COMMUNIC	CATIONS.*	YE	ES	NO	
SIGNATURE REQUIRED IF THIS DOCUMENT IS PRINTED. NOT REQU	IRED FOR C	ONLINE SUBMISSION.			
APPLICANT 1'S SIGNATURE: DATE:		APPLICANT 2'S SIGNATU	RE:	DATE:	



Jeffrey Tseng
Managing Partner
Tel: 604-808-1672
6120 4000 No. 3 Road | Richmond | British Columbia | V6X0J8
http://jefftseng.ca

