



YOUR MORTGAGE **BROKER** _____

ADDRESS _____

E-MAIL _____

CUSTOMER **FIRST NAME** _____

CUSTOMER **LAST NAME** _____

CUSTOMER **PHONE #** _____



PLEASE COMPLETE THIS FORM ON **ADOBE READER** .
CLICK HERE TO **GET IT FOR FREE** NOW.

MORTGAGE APPLICATION

Applicants should complete this form as "Applicant 1" or "Applicant 2", as applicable. Applicant 2 information must also be provided (and the appropriate box checked) when a) the income or assets of a person other than the "Applicant 1" (including Applicant 1's spouse) will be used as a basis for loan qualification or b) the income or assets of the Applicant 1's spouse will not be used as a basis for loan qualification, but his or her liabilities must be considered because the Applicant 1 resides in a community property state, the security property is located in a community property state, or the Applicant 1 is relying on other property located in a community property state as a basis for repayment of the mortgage.

MORTGAGE INFORMATION

Items marked with * or in red are required.

Mortgage Details

- * Purpose of Loan Purchase Pre-Approval
- Refinance Switch

Mortgage Amount Required \$ _____

Approx Date Funds Required _____ (MM/DD/YYYY)

Preferred Mortgage Options

- Please select all that apply Low rates at origination Low rates at renewal Flexible payment plans Flexible prepayment options
- Access to Credit Life Insurance



NEXT: APPLICANT 1 INFORMATION

APPLICANT 1 INFORMATION

Items marked with * or in red are required.

Identification

Title _____

* First Name _____

* Last Name _____

Initial _____

* Date of Birth _____ (MM/DD/YYYY)

SIN # _____

Home Phone # _____

Work Phone # _____

MobilePhone # _____

E-mail Address _____

Current Living Address

Residential Status *Own* *Rent*

Live with parents *Other*

Monthly Rent Payments \$ _____

Number _____

Street Name _____

Street Type _____

Street Direction _____

Unit _____

City/Town _____

Province _____

Postal Code _____

Time at Residence YY MM

Previous Living Address (If Time at Residence is less than 3 years in current living address)

Residential Status *Own* *Rent*

Live with parents *Other*

Monthly Rent Payments \$ _____

Number _____

Street Name _____

Street Type _____

Street Direction _____

Unit _____

City/Town _____

Province _____

Postal Code _____

NEXT: APPLICANT 1 INFORMATION

APPLICANT 1 INFORMATION

Items marked with * or in red are required.

Present Employer

Occupation Type	_____	Number	_____
Industry Sector	_____	Street Name	_____
Name of Employer	_____	Street Type	_____
Length of Employment	_____ (YYMM Ex. 3 yrs 2 months = 0302)	Street Direction	_____
Years in Line of Business	_____ (YYMM Ex. 3 yrs 2 months = 0302)	Unit	_____
		City/Town	_____
		Province	_____
		Postal Code	_____

Income

Type of Income	_____	Other Income Source	_____
Annual Income	\$ _____	Other Annual Income	\$ _____

Past Employer

(If Length of Employment is less than 3 years at present employer)

Occupation Type	_____	Number	_____
Industry Sector	_____	Street Name	_____
Name of Employer	_____	Street Type	_____
Length of Employment	_____ (YYMM Ex. 3 yrs 2 months = 0302)	Street Direction	_____
Years in Line of Business	_____ (YYMM Ex. 3 yrs 2 months = 0302)	Unit	_____
		City/Town	_____
		Province	_____
		Postal Code	_____

Income

Type of Income	_____	Other Income Source	_____
Annual Income	\$ _____	Other Annual Income	\$ _____

NEXT: APPLICANT 2 INFORMATION

APPLICANT 2 INFORMATION

Items marked with * or in red are required.

Identification

Title _____
First Name _____
Last Name _____
Initial _____

Date of Birth _____ (MM/DD/YYYY)
SIN # _____
Home Phone # _____
Work Phone # _____
Mobile Phone # _____
E-mail Address _____

Current Living Address

Same as Applicant 1

Residential Status Own Rent
 Live with parents Other
Monthly Rent Payments \$ _____

Number _____
Street Name _____
Street Type _____
Street Direction _____
Unit _____
City/Town _____
Province _____
Postal Code _____
Time at Residence YY MM

Previous Living Address

(If Time at Residence is less than 3 years in current living address)

Same as Applicant 1

Residential Status Own Rent
 Live with parents Other
Monthly Rent Payments \$ _____

Number _____
Street Name _____
Street Type _____
Street Direction _____
Unit _____
City/Town _____
Province _____
Postal Code _____

APPLICANT 2 INFORMATION

Items marked with * or in red are required.

Present Employer

Occupation Type	_____	Number	_____
Industry Sector	_____	Street Name	_____
Name of Employer	_____	Street Type	_____
Length of Employment	_____ (YYMM Ex. 3 yrs 2 months = 0302)	Street Direction	_____
Years in Line of Business	_____ (YYMM Ex. 3 yrs 2 months = 0302)	Unit	_____
		City/Town	_____
		Province	_____
		Postal Code	_____

Income

Type of Income	_____	Other Income Source	_____
Annual Income	\$ _____	Other Annual Income	\$ _____

Past Employer

(If Length of Employment is less than 3 years at present employer)

Occupation Type	_____	Number	_____
Industry Sector	_____	Street Name	_____
Name of Employer	_____	Street Type	_____
Length of Employment	_____ (YYMM Ex. 3 yrs 2 months = 0302)	Street Direction	_____
Years in Line of Business	_____ (YYMM Ex. 3 yrs 2 months = 0302)	Unit	_____
		City/Town	_____
		Province	_____
		Postal Code	_____

Income

Type of Income	_____	Other Income Source	_____
Annual Income	\$ _____	Other Annual Income	\$ _____

NEXT: SUBJECT PROPERTY INFORMATION

SUBJECT PROPERTY INFORMATION

Items marked with * or in red are required.

Property Value / Address

Purchase Price \$ _____
MLS Listing Number _____

Current Home Value \$ _____
**For Refinance*

Number _____
Street Name _____
Street Type _____
Street Direction _____
Unit _____
City/Town _____
Province _____
Postal Code _____

Same as Applicant 1's Address

Expense Details

Monthly Taxes \$ _____
Tax Year _____

Monthly Condo Fee \$ _____

NEXT: FINANCIAL INFORMATION

FINANCIAL INFORMATION

Items marked with * or in red are required.

Assets

Type	Where / Financial Institution(s)	Amount / Value
Cash in Bank / Saving		\$
RRSP		\$
Gift		\$
Vehicle		\$
Stocks, bonds, Mutual funds, etc		\$
Other Assets		\$
Household Goods		\$
Life Insurance		\$
Deposit on purchased		\$

Liabilities

Type	Where / Financial Institution(s)	Balance Owning	Monthly Payment
Credit Cards		\$	
Bank/Personal Loans		\$	\$
Automobile Loan		\$	\$
Alimony		\$	\$
Child Support		\$	\$
Student Loan		\$	\$
Wage Garnishment		\$	\$
Other Liabilities		\$	\$
Unsecured Line of Credit		\$	
Income Tax		\$	\$
Secured Line of Credit		\$	
Lease		\$	\$
Auto Lease		\$	\$

$$\begin{array}{rcl}
 \text{NET WORTH} & = & \text{TOTAL ASSETS} - \text{TOTAL LIABILITIES} \\
 \$ & = & \$ - \$
 \end{array}$$

NEXT: REVIEW

REVIEW

Items marked with * or in red are required.

Note to Broker

ACKNOWLEDGEMENT AND AGREEMENT

I hereby agree to all terms in the above agreement and: (a) certify that the information given in my application is complete and correct, (b) consent to this agreement being exchanged by email and other electronic means, which may be less secure than mail, (c) consent that this electronic agreement shall be deemed as valid as a paper contract, and (d) consent that my printed name below shall act as my signature.
I agree to receive electronic messages containing news and updates relevant to me and/or the mortgage industry. I understand my consent can be withdrawn at any time.

Applicant 2 (if applicable):

I hereby agree to all terms in the above agreement and: (a) certify that the information given in my application is complete and correct, (b) consent to this agreement being exchanged by email and other electronic means, which may be less secure than mail, (c) consent that this electronic agreement shall be deemed as valid as a paper contract, and (d) consent that my printed name below shall act as my signature.
(Only required if there is an Applicant 2)

I agree to receive electronic messages containing news and updates relevant to me and/or the mortgage industry. I understand my consent can be withdrawn at any time.

Applicant 1's Signature
(Your typed name is your signature)

_____ (MM/DD/YYYY)
Date

Applicant 2's Signature
(Your typed name is your signature)

_____ (MM/DD/YYYY)
Date

END OF THE APPLICATION