| YOUR MORTGAGE BROKER | CUSTOMER FIRST NAME |
|-----------------------------|---|
| | CUSTOMER LAST NAME |
| | CUSTOMER PHONE # |
| ADDRESS | PLEASE COMPLETE THIS FORM ON ADOBE READER . CLICK HERE TO GET IT FOR FREE NOW. |
| E-MAIL | |

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 INFO | RMATION | | Items marked with * or in red are required. |
|--|---|-------------------------------|---|
| Mortgage Details | | | |
| * Purpose of Loan Mortgage Amount Required | □ Refinance □ Switch | Approx Date Funds Required | (MM/DD/YYYY) |
| Preferred Mortgage C | Options | | |
| Please select all that apply | □ Low rates at origination □ Low rates at renewal □ Access to Credit Life Insurance | ☐ Flexible payment plans | ☐ Flexible prepayment options |



| APPLICANT 1 INF | ORMATION | | | ltems mar | ked with * or in red are required. |
|-----------------------|--------------------------|-----------------------------|---------------------------------|-----------|------------------------------------|
| Identification | | | | | |
| | | | | | |
| Title | | | * Date of Birth | | (MM/DD/YYYY) |
| * First Name | | | SIN # | | |
| * Last Name | | | Home Phone # | | |
| Initial | | | Work Phone # | | |
| | | | MobilePhone # | | |
| | | | E-mail Address | | |
| Current Living Addres | S | | | | |
| Residential Status | □ Own | 🗌 Rent | Number | | |
| | \Box Live with parents | □ Other | Street Name | | |
| Monthly Rent Payments | | | Street Type | | |
| | | | Street Direction | | |
| | | | Unit | | |
| | | | City/Town | | |
| | | | Province | | |
| | | | Postal Code | | |
| | | | Time at Residence | YY | ММ |
| Previous Living Addre | SS (If Time at | Residence is less than 3 ye | ears in current living address) | | |
| Residential Status | □ Own | 🗌 Rent | Number | | |
| | \Box Live with parents | □ Other | Street Name | | |
| Monthly Rent Payments | \$ | | Street Type | | |
| | | | Street Direction | | |
| | | | Unit | | |
| | | | City/Town | | |
| | | | Province | | |
| | | | Postal Code | | |
| | | | | | |

APPLICANT 1 INFORMATION

Items marked with * or in red are required.

| Present Employer | | | |
|---------------------------|---|---------------------|---|
| Occupation Type | | Number | |
| Industry Sector | | Street Name | |
| industry Sector | | Street Type | |
| Name of Employer | | Street Direction | |
| Length of Employment | (YYMM Ex. 3 yrs 2 months = 0302) | Unit | |
| Years in Line of Business | (YYMM Ex. 3 yrs 2 months = 0302) | City/Town | |
| | (TTMIWEEX. 5 915 2 MONUTS = 0502) | Province | |
| | | Postal Code | |
| | | r ostar couc | |
| | | | |
| Income | | | |
| Type of Income | | Other Income Source | |
| Annual Income | Ś | Other Annual Income | ć |
| Annual income | \$ | | Ş |
| | | | |
| | | | |
| | | | |
| | | | |
| Past Employer | (If Length of Employment is less than 3 years at pr | resent employer) | |
| | | | |
| Occupation Type | | Number | |
| Industry Sector | | Street Name | |
| | | Street Type | |
| Name of Employer | | Street Direction | |
| Length of Employment | (YYMM Ex. 3 yrs 2 months = 0302) | Unit | |
| Years in Line of Business | (YYMM Ex. 3 yrs 2 months = 0302) | City/Town | |
| | | Province | |
| | | Postal Code | |

Income

| Type of Income | Other Income Source |
|------------------|------------------------|
| Annual Income \$ | Other Annual Income \$ |

| APPLICANT 2 INF | ORMATION | | | lten | ns marked with * or in red are required. |
|-----------------------|--------------------------|-----------------------------|-------------------------------|------|--|
| Identification | | | | | |
| | | | | | |
| Title | | | Date of Birth | | (MM/DD/YYYY) |
| First Name | | | SIN # | | |
| Last Name | | | Home Phone # | | |
| Initial | | | Work Phone # | | |
| | | | Mobile Phone # | | |
| | | | E-mail Address | | |
| Current Living Addres | S | | | | Same as Applicant 1 |
| Residential Status | 🗌 Own | 🗌 Rent | Number | | |
| | \Box Live with parents | □ Other | Street Name | | |
| Monthly Rent Payments | \$ | | Street Type | | |
| | | | Street Direction | | |
| | | | Unit | | |
| | | | City/Town | | |
| | | | Province | | |
| | | | Postal Code | | |
| | | | Time at Residence | YY | ММ |
| Previous Living Addre | 255 (If Time at Re | sidence is less than 3 year | rs in current living address) | | Same as Applicant 1 |
| Residential Status | Own | 🗌 Rent | Number | | |
| | \Box Live with parents | □ Other | Street Name | | |
| Monthly Rent Payments | \$ | | Street Type | | |
| | | | Street Direction | | |
| | | | Unit | | |
| | | | City/Town | | |
| | | | Province | | |
| | | | Postal Code | | |
| | | | | | |

APPLICANT 2 INFORMATION

Present Employer

 ${\it Items\ marked\ with\ *\ or\ in\ red\ are\ required}.$

| Occupation Type | | Number | |
|---------------------------|----------------------------------|---------------------|----|
| Industry Sector | | Street Name | |
| | | Street Type | |
| Name of Employer | | Street Direction | |
| Length of Employment | (YYMM Ex. 3 yrs 2 months = 0302) | Unit | |
| Years in Line of Business | (YYMM Ex. 3 yrs 2 months = 0302) | 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 pre | esent employer) | |
|---------------------------|--|---------------------|----|
| Occupation Type | | Number | |
| Industry Sector | | Street Name | |
| | | Street Type | |
| Name of Employer | | Street Direction | |
| Length of Employment | (YYMM Ex. 3 yrs 2 months = 0302) | Unit | |
| Years in Line of Business | (YYMM Ex. 3 yrs 2 months = 0302) | City/Town | |
| | | Province | |
| | | Postal Code | |
| | | | |
| Income | | | |
| Type of Income | | Other Income Source | |
| Annual Income | Ś | Other Annual Income | \$ |

SUBJECT PROPERTY INFORMATION

Items marked with * or in red are required.

Property Value / Address

| Purchase Price \$ | Number | |
|-----------------------|----------------------|-------------------------------|
| MLS Listing Number | Street Name | |
| | Street Type | |
| | Street Direction | |
| Current Home Value \$ | Unit | |
| *For Refinance | City/Town | |
| | Province | |
| | Postal Code | |
| | | Same as Applicant 1's Address |
| Expense Details | | |
| Monthly Taxes S | Monthly Condo Fee \$ | |

| Monthly Taxes | \$ |
|---------------|----|
| Tax Year | |

NEXT: FINANCIAL INFORMATION

FINANCIAL INFORMATION

Items marked with * or in red are required.

Assets

| Туре | 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

| Туре | Where / Financial Institution(s) | Balance Owing | 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 | | \$ | \$ |

| NET WORTH | _ | TOTAL ASSETS | — TOTAL LIABILITIES |
|-----------|---|--------------|---------------------|
| \$ | = | \$ | — \$ |

REVIEW

Note to Broker

Items marked with * or in red are required.

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) Date

END OF THE APPLICATION

(MM/DD/YYYY)

