YOUR MORTGAGE **BROKER** ANDREA CHETRAM
MORTGAGE BROKER
LICENSE # M12001530
PHONE # 647.407.1918
ADDRESS 4-110 RITCHIE AVE., AJAX, Ontario, L1S7G5
WEB SITE http://www.mortgageweb.ca/ANDREAC
E-MAIL AC.HANDINHAND@GMAIL.COM

CUSTOMER **FIRST NAME**
CUSTOMER **LAST NAME**
CUSTOMER **PHONE #**

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

OFFICE LICENSE # : 12919

Hand in Hand Mortgages

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*

VERICO

NEXT: APPLICANT 1 INFORMATION

APPLICANT 1 INFORMATION

*Items marked with * or in red are required.*

Identification

Title: Please select

* 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: Please select

Street Direction: Please select

Unit:

City/Town:

Province: Please select

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: Please select

Street Direction: Please select

Unit:

City/Town:

Province: Please select

Postal Code:

NEXT: APPLICANT 1 INFORMATION

APPLICANT 1 INFORMATION

*Items marked with * or in red are required.*

Present Employer

Occupation Type: Please select
Industry Sector: Please select

Name of Employer:
Length of Employment: (YYMM Ex. 3 yrs 2 months = 0302)
Years in Line of Business: (YYMM Ex. 3 yrs 2 months = 0302)

Number:
Street Name:
Street Type: Please select
Street Direction: Please select
Unit:
City/Town:
Province: Please select
Postal Code:

Income

Type of Income: Please select
Annual Income: $

Other Income Source:
Other Annual Income: $

Past Employer

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

Occupation Type: Please select
Industry Sector: Please select

Name of Employer:
Length of Employment: (YYMM Ex. 3 yrs 2 months = 0302)
Years in Line of Business: (YYMM Ex. 3 yrs 2 months = 0302)

Number:
Street Name:
Street Type: Please select
Street Direction: Please select
Unit:
City/Town:
Province: Please select
Postal Code:

Income

Type of Income: Please select
Annual Income: $

Other Income Source:
Other Annual Income: $

NEXT: APPLICANT 2 INFORMATION

APPLICANT 2 INFORMATION

*Items marked with * or in red are required.*

Identification

Title: Please select

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: Please select

Street Direction: Please select

Unit:

City/Town:

Province: Please select

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: Please select

Street Direction: Please select

Unit:

City/Town:

Province: Please select

Postal Code:

NEXT: APPLICANT 2 INFORMATION

APPLICANT 2 INFORMATION

*Items marked with * or in red are required.*

Present Employer

Occupation Type: Please select
Industry Sector: Please select
Name of Employer:
Length of Employment: (YYMM Ex. 3 yrs 2 months = 0302)
Years in Line of Business: (YYMM Ex. 3 yrs 2 months = 0302)

Number:
Street Name:
Street Type: Please select
Street Direction: Please select
Unit:
City/Town:
Province: Please select
Postal Code:

Income

Type of Income: Please select
Annual Income: $

Other Income Source:
Other Annual Income: $

Past Employer

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

Occupation Type: Please select
Industry Sector: Please select
Name of Employer:
Length of Employment: (YYMM Ex. 3 yrs 2 months = 0302)
Years in Line of Business: (YYMM Ex. 3 yrs 2 months = 0302)

Number:
Street Name:
Street Type: Please select
Street Direction: Please select
Unit:
City/Town:
Province: Please select
Postal Code:

Income

Type of Income: Please select
Annual Income: $

Other Income Source:
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 Please select

Street Direction Please select

Unit

City/Town

Province Please select

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 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**

$ 0.00 = $ 0.00 − $ 0.00

NEXT: REVIEW

REVIEW

*Items marked with * or in red are required.*

Note to Broker

ACKNOWLEDGEMENT AND AGREEMENT

All Rights Reserved.

☐ 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)*	Date (MM/DD/YYYY)	Applicant 2's Signature *(Your typed name is your signature)*	Date (MM/DD/YYYY)

END OF THE APPLICATION