YOUR MORTGAGE BROKER	CUSTOMER <b>FIRST NAME</b>
	CUSTOMER LAST NAME
LICENSE #	CUSTOMER PHONE #
PHONE #	
ADDRESS	PLEASE COMPLETE THIS FORM ON <b>ADOBE READER</b> . CLICK HERE TO <b>GET IT FOR FREE</b> NOW.
WEB SITE	
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 * are required.
* Purpose of Loan  Mortgage Amount  Required	☐ Refinance	☐ Pre-Approval ☐ Switch	Approx Date Funds Required	_(MM/DD/YYYY)
Preferred Mortgage C	ptions			
Please select all that apply	☐ Low rates at origin☐ Access to Credit Lin		enewal 🔲 Flexible payment plans	S ☐ Flexible prepayment options



#### **APPLICANT 1 INFORMATION** Items marked with \* are required. Identification Title Date of Birth (MM/DD/YYYY) SIN# \* First Name \* Last Name Home Phone # Work Phone # Initial MobilePhone # E-mail Address Current Living Address ☐ Rent Residential Status Own Number $\Box$ Live with parents $\Box$ Other Street Name Monthly Rent Payments Street Type **Street Direction** Unit City/Town Province Postal Code ΥY MM Time at Residence Previous Living Address (If Time at Residence is less than 3 years in current liviing address) Residential Status Own ☐ Rent Number $\Box$ Live with parents $\Box$ Other Street Name Monthly Rent Payments \$ Street Type Street Direction Unit City/Town

Province Postal Code

<b>APPLICANT 1 INF</b>	ORMATION		Items marked with * are required.
Present Employer			
Occupation Type Industry Sector  Name of Employer Length of Employment Years in Line of Business	(YYMM Ex. 3 yrs 2 months = 0302) (YYMM Ex. 3 yrs 2 months = 0302)	Number Street Name Street Type Street Direction Unit City/Town Province Postal Code	
Income		r ostar couc	
meome			
Type of Income Annual Income		Other Income Source Other Annual Income	
Past Employer	(If Length of Employment is less than 3 years at	present 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			

Other Income Source
Other Annual Income \$

Type of Income

Annual Income \$

<b>APPLICANT 2 INF</b>	ORMATION				Items marked with * 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		
			L-Mail Address		
Current Living Address	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	MM
Previous Living Addre	?SS (If Time at Re	esidence is less than 3	years in current liviing address)	:	Same as Applicant 1
Residential Status	□ Own	☐ Rent	Number		
	☐ Live with parents	☐ Other	Street Name		
Monthly Rent Payments	\$		Street Type		
			Street Direction		
			Unit		
			City/Town		
			Province		
			Postal Code		

<b>APPLICANT 2 INF</b>	ORMATION		Items marked with * are required.
Present Employer			
Occupation Type Industry Sector  Name of Employer Length of Employment Years in Line of Business	(YYMM Ex. 3 yrs 2 months = 0302) (YYMM Ex. 3 yrs 2 months = 0302)	Number Street Name Street Type Street Direction Unit City/Town Province Postal Code	
Income			
Type of Income Annual Income	\$	Other Income Source Other Annual Income	\$
Past Employer	(If Length of Employment is less than 3 years at	present employer)	
Occupation Type Industry Sector Name of Employer Length of Employment Years in Line of Business	(YYMM Ex. 3 yrs 2 months = 0302) (YYMM Ex. 3 yrs 2 months = 0302)	Number Street Name Street Type Street Direction Unit City/Town Province Postal Code	
Income			
Type of Income Annual Income	\$	Other Income Source Other Annual Income	\$

SUBJECT PROPERTY INFORMATION		Items marked with * 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 \$	Monthly Condo Fee \$	

Tax Year

# **FINANCIAL INFORMATION**

Items marked with \* 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

\$ = \$ - \$