



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

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

APPLICANT 1 INFORMATION

Items marked with \* or in red are required.

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

|                |    |                     |    |
|----------------|----|---------------------|----|
| 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      |  |
|                           |                                  | 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 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      |  |
|                           |                                  | 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 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

|                |    |                     |    |
|----------------|----|---------------------|----|
| 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 \$

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 Owng | 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

\$

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)*

Date (MM/DD/YYYY)

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

Date (MM/DD/YYYY)

END OF THE APPLICATION

