APPLICATIO



Loreto Alviani

Mortgage Agent Level 1

Tel: 416-817-0559 Fax: 905-850-0797 Unit 2 | 7694 Islington Ave | Vaughan | Ontario | L4L 1W3 Mortgagebroker.ca Ltd. Each Mortgage Centre Canada office is independently owned and operated

YOUR MORTGAGE APPLICATION FORM

PLEASE COMPLETE THE FOLLOWING MORTGAGE APPLICATION IN AS MUCH DETAIL AS YOU CAN (REQUIRED INFORMATION HAS BEEN HIGHLIGHTED), THEN CLICK SUBMIT. I WILL REVIEW THE INFORMATION, THEN CONTACT YOU TO DISCUSS YOUR APPLICATION, ANSWER ANY QUESTIONS YOU MIGHT HAVE, AND EXPLAIN NEXT STEPS.

* MANDATORY FIELD

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

MORTGAGE DETAILS

| TYPE OF LOAN:* | PURPOSE OF LOAN:* | |
|-----------------|----------------------------|-----------------------------------------|
| | | |
| VALUE OF HOME:* | MORTGAGE AMOUNT REQUIRED:* | APPROX DATE FUNDS REQUIRED: (MMDDYYYY)* |
| | | |

PERSONAL INFORMATION - APPLICANT 1

IDENTIFICATION

| TITLE: | FIRST NAME:* | LAST NAME:* | INITIAL: | |
|----------------------------------------------------------|----------------------------------------|--------------------------|-------------------------|--|
| | | | | |
| DATE OF BIRTH: (MMDDYY) | (Y)* SIN: | E-MAIL ADDRES | S:* | |
| CURRENT LIVING ADDRI | ESS | | | |
| NUMBER:* | STREET NAME:* | UNIT #: CITY/TOWN | J:* | |
| PROVINCE:* | POSTAL CODE:* | HOME PH.#: (1112223333)* | CELL PH.#: (1112223333) | |
| TIME AT ADDRESS: (YYMM) (EG. 4 YEARS & 2 MONTHS = 0402)* | | | | |
| PRESENT EMPLOYER | | | | |
| OCCUPATION TYPE:* | NAME OF EMPLOYER:* | JOB TITLE:* | WORK PH.#: (1112223333) | |
| LENGTH OF EMPLOYMENT | : (YYMM) (EG. 4 YEARS & 2 MONTHS = 040 | 02)*NNUAL INCOME:* | TYPE OF INCOME:* | |

TYPE OF EMPLOYE:*



PERSONAL INFORMATION - APPLICANT 2

(leave this section blank if you do not wish to enter a second applicant)

IDENTIFICATION

| TITLE: | FIRST NAME:* | | LAST NAME:* | INITIAL: |
|-------------------------|--------------|------|------------------|----------|
| DATE OF BIRTH: (MMDDYY) | YY)* | SIN: | E-MAIL ADDRESS:* | |

CURRENT LIVING ADDRESS

| NUMBER:* | STREET NAME:* | UNIT #: | CITY/TOWN:* |
|------------------------|-------------------------------------------|--------------------------|-------------------------|
| PROVINCE:* | POSTAL CODE:* | HOME PH.#: (1112223333)* | CELL PH.#: (1112223333) |
| TIME AT ADDRESS: (YYMI | M) (EG. 4 YEARS & 2 MONTHS = 0402)* | | |
| OCCUPATION TYPE:* | NAME OF EMPLOYER:* | JOB TITLE:* | WORK PH.#: (1112223333) |
| LENGTH OF EMPLOYMEN | IT: (YYMM) (EG. 4 YEARS & 2 MONTHS = 0402 | 2)*NNUAL INCOME:* | TYPE OF INCOME:* |



FINANCIAL INFORMATION

ASSETS

| TYPE | WHERE/FINANCIAL INSTITUTION(S) | AMOUNT/VALUE |
|----------------------------------|--------------------------------|--------------|
| Cash Savings | | |
| RRSP | | |
| Stocks/Bonds/Mutual | | |
| Automotive: present value | | |
| Value of present home (if owned) | | |
| Other | | |
| TOTAL: | | |

LIABILITIES

| ТҮРЕ | WHERE/FINANCIAL INSTITUTION(S) | BALANCE OWING | MONTHLY PAYMENTS |
|---------------------------------------|--------------------------------|---------------|---------------------|
| Debts/Loans | | | |
| Credit Cards | | | |
| Amount owing on current mortgage(s) | | | |
| Finance company loans and other debts | | | |
| TOTAL: | | | |
| NET WORTH (TOTAL ASSETS - 1 | FOTAL LIABILITIES) = \$ | | |
| 04 / 05 | | | The Mortgage Centre |

OTHER INFORMATION

OTHER INFORMATION CATEGORY:*

ADDITIONAL NOTE FOR FINANCIAL INFORMATION: (MAX. 500 CHARACTERS)

I/we warrant and confirm that the information given in the mortgage application form is true and correct and I/we understand that it is being used to determine my/our credit responsibility. You are authorized to obtain any information you may require for these purposes from other sources (including, for example, credit bureau) and each such source is hereby authorized to provide you with such information. I/we also understand that the information given in the mortgage application form as well as other information you obtain in relation to my credit history may be disclosed to potential mortgage lenders, financial intermediary and mortgage insurers, organizations providing technological or other support services required in relation to this application and any other parties with whom I/we propose to have a financial relationship.

Online Applications

Please read the paragraph above prior to sending completed application. By transmitting the online mortgage application you are accepting the terms of the paragraph noted above.

CANADA'S ANTI-SPAM LEGISLATION

Canada's Anti-Spam Legislation was effective as of July 1, 2014. Under this legislation, I am required to obtain your consent in order to continue sending you email communications about the latest mortgage news, events, products, and services.

PLEASE CONFIRM YOUR CONSENT TO RECEIVING ELECTRONIC COMMUNICATIONS.*

| YES | |
|-----|--|
|-----|--|

NO

The Mortgage Centre

SIGNATURE REQUIRED IF THIS DOCUMENT IS PRINTED. NOT REQUIRED FOR ONLINE SUBMISSION.

| APPLICANT 1'S SIGNATURE: | DATE: | APPLICANT 2'S SIGNATURE: | DATE: |
|--------------------------|--------------------------------------------------------------------|------------------------------------------------|-------|
| | Loreto Alviani Mortgage Agent Level 1 | | |
| | ^r el: 416-817-0559 Jnit 2 7694 Islington Ave Vau | Fax: 905-850-0797 Ighan Ontario L4L 1W3 | |
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