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Section 1					Agen	nt's Name: _		
Applicant Name:				Date of Birth (M/D/Y)			S.I.N:	
Address:			City:			Prov:	Postal Code:	Time at Address:
Telephone Number: Res: ()			Marital Status: Dependants:			endants:	Rent or Own: Cost of Rent: Owner Occupied Rental Other Yrs/Mos at previous address:	
	ian 5 years at present)						·	
Current Employer:		Current Employer's	Address: (C	ity, Pro	ov, Pos	tal Code)	Phone Numbe	r:
Gross Annual Income:	# of Years: (with current employer)	Wage: Hourly Salary Bonus	Job Title:				Years in Industry:	
			's Address: (if less than 3 years with current employer)				Phone Number:	
Gross Annual Income:	# of Years: (with previous employer)	Wage: Hourly Salary Bonus	Job Title:				Years in Industry:	
The Last Year You Filed A	Tax Return:		Amount (Owing	j:		L	
Co-Applicant Name:				Date	e of Bir	th (M/D/Y)	S.I.N:	
Address:			City:			Prov:	Postal Code:	Time at Address:
Telephone Number: Res: ()	Res: () Bus: ()		Marital Sta	Marital Status: Depe		endants:	Rent or Own: Cost of Ren Owner Occupied Rental Other	
Previous Address: (if less th	nan 3 years at present)	(City, Prov, Postal Code)			-		Yrs/Mos at pre	vious address:
Current Employer:	Current Employer: Current Employer's		Address: (City, Prov, Postal Code)			tal Code)	Phone Number:	
Gross Annual Income:	# of Years: (with current employer)	Wage: Hourly Salary Bonus	Job Title:				Years in Industry:	
Previous Employer:	•	Previous Employer's	Address: (if le	ss than 3	years with	current employer)	Phone Numbe	r:
Gross Annual Income:	# of Years: (with previous employer)	Wage: Hourly Salary Bonus	Job Title:				Years in Industry:	
The Last Year You Filed A Tax Return:			Amount Owing:				Relationship to Applicant:	

Thank you for completing Section 1. You're almost done.

Head Office 2-3341 Dunmore Rd SE Medicine Hat AB T1B 3R2 • Phone (403) 529-0-2G0 (246) • Toll Free 1-866-4000-2G0 (246) • Fax (403) 527-4924 • Email info@mortgagestogo.ca Calgary Central (403) 277-1100 • Calgary NE (403) 266-5505 • Lethbridge (403) 381-3246 • Red Deer (403) 348-8884 • Edmonton (780) 476-4488

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Section 2 – Net Worth

	Assets		Liabilities	Monthly Payments
Cash on Hand	\$	Mortgage(s)	\$	\$
Value of Home	\$		\$	\$
Rental or other property	\$	Auto loan or lease	\$	\$
Automobile #1	\$	Auto loan or lease	\$	\$
Automobile #2	\$	Credit Cards	\$	\$
Stocks / Bonds	\$		\$	\$
RRSP's	\$		\$	\$
Other	\$		\$	\$
		Loans / L.O.C.	\$	\$

Section 3 – Have you filed for bankruptcy / O.P.D. / Credit Proposal?

Yes No

If so, have you been discharged? 🛛 Yes 🖵 No Date of discharge:

Tell us how much money you need, and for what purpose.

Congratulations you are done. Just date and sign page three and submit this application. If you are applying for refinancing please complete Sections 4 & 5 before dating and signing the application. Thank you.

Section 4 – Existing Mortgage(s) / Properties

Held By:	Mortgage #:				
Address:			Amount:		
Mortgage Type: D First D Second D Line	Interest Rate:	%	Maturity Date:		
Property Value: Free and		d clear: 🛛 Yes 🖵 No		Payment:	P.I.T: 🎴 Yes No
Principal Residence: 🖵 Yes 🖵 No	Rental I	ncome:		Property Tax:	Current: ^{O Yes}

Held By:				Mortgage #:	
Address:				Amount:	
Mortgage Type: D First D Second D Line	Interest Rate:	%	Maturity Date:		
Property Value:	Value: Free and clear: • Yes			Payment:	P.I.T: 🗋 Yes No
Principal Residence: 🖵 Yes 🗅 No	Rental Income:			Property Tax:	Current: ^{II} Yes

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Section 5 – If you are refinancing your home please fill out this section.

Original Purchase Date:	Closing / Switch Date:		Original Mortgage Amount:	
Purpose of this Refinancing:	Improvements:		Amt. Spent on Improvements:	
	🗆 Yes 🗖 No			
Original Purchase Price:	Mortgage Holder:		Outstanding Amount:	
	<u>\</u>			
Municipal Address: (City, Prov, Postal Code)		Rent or Occupy:	
			□Owner Occupied □Rental	
Livable Area in Square Feet:	Age of House:	Zoning:	Lot Size:	
Garage Size: (Single, Double, Triple)	Garage Type:		Heating Type: (Gas/Electric/Oil)	
	Attached Detached			
Property Taxes: \$	Condo Fees: \$		Rental Income: \$	
Property Type: (Detached, Semi-detached,	Mobile, Modular etc.)	If Mobile / Modular:	Dwelling Style: (1-Story, 2-Story, etc.)	
		Owned Land Leased Land		
If Mobile / Modular:				
UWood Blocks Cement Pylons Concrete Pad Basement				

I/we certify that the information I/we have provided or shall provide to mortgagestogo.ca Inc. is true and correct. I/we acknowledge that such information is given for mortgage application purposes and may be made available to potential lenders. You are authorized to obtain any information you may require relative to this application form any sources to which you may apply and each such source is hereby authorized to provide you with such information. Such information shall be retained by mortgagestogo.ca Inc. as required under section 25(9) of the Real Estate Act. I/we consent to the retention of my/our address by our Mortgage Agent for the purpose of future written communication. I/we consent to having mortgagestogo.ca Inc., its lenders or agents conduct or cause to be conducted personal and credit investigations and hereby consent to the disclosure of such information to other creditors, lenders or consumer reporting agencies. I/we agree to pay for all inspection, appraisal, legal or other expenses that may be incurred on my/ our behalf in consequence of this application. I/we agree to indemnify mortgagestogo.ca Inc. against and save mortgagestogo.ca Inc. harm from any and all claims in damages or otherwise arising from such disclosure on the part of mortgagestogo.ca Inc. I/we acknowledge that mortgagestogo.ca Inc. may receive compensation from the lender that funds my/our mortgage. I/we authorize any other creditors to disclose my/our credit information to mortgagestogo.ca Inc. mortgagestogo.ca Inc. is authorized to retain application whether or not the relative mortgage is approved.

Applicant:	Date:
Co-Applicant:	Date:

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