



Mortgage Application

Please complete all pages of the application and fax it back to us at (204) 697-5886

APPLICANT INFO				
Full Name:		Referred By:		
Residential Status: own/rent/other Rental Payment: \$	Address:	City/Prov	Postal Code:	Years:
If less than 3 years, Please provide previous address	Address:	City/Prov	Postal Code:	Years:
Work Phone:	Cell Phone:	Home Phone:		
Fax Number:	Email:			
Marital Status:	Date of Birth:	Dependants:	S.I.N.	
Current Employer Info:	Name:	Address:		Years:
Job Title:	Income: \$ <small>Hourly or Salary</small>	(If less than 3 yrs please provide previous employer)		
Previous Employer (if applicable)	Name:	Job Title:	How Long:	Income: \$:
Other Income				
Type:	Description:	Period:	Amount:	
Notes:				
CO-APPLICANT INFO				
Full Name:				
Residential Status: own/rent/other	Address:	City/Prov:	Postal Code:	Years:
If less than 3 years, please provide previous employer	Address:	City/Prov:	Postal Code:	Years:
Work Phone:	Cell Phone:	Home Phone:		
Fax Number:	Email:			
Marital Status:	Date of Birth:	Dependants:	S.I.N.	
Current Employer Info:	Name:	Address:		
Job Title:	Income: \$ <small>Hourly or Salary</small>	Time at Job:	(If less than 3 yrs please provide previous employer)	
Previous Employer (if applicable)	Name:	Job Title:	How Long:	Income: \$
Other Income				
Type:	Description:	Period:	Amount:	
Notes:				

We will not stop until we find you the BEST rates for your situation.



Address: 336 Keewatin Street, Winnipeg, MB R2X 2R9 | Phone: (204) 697-5881 | Fax: (204) 697-5886



Mortgage Application

Please complete all pages of the application and fax it back to us at (204) 697-5886

ASSETS		LIABILITIES			
Description	Value	Description	Monthly Pymt:	Balance	X/R

OTHER PROPERTY OWNED		(cottage, rental, 2 nd home) etc.
Address:	City/Prov:	Description:
Property Value:	Mortgage Balance:	Monthly Payment:
Monthly Rental Income:	Property Taxes:	Condo Fees:

SUBJECT PROPERTY			
Property Address;		City/Province:	Postal Code:
Reason for Mortgage:	Purchase: _____	Refinance: _____	ETO: _____
Lot:	Block:	Concession/Township:	Owner Occupied ___ Rental ___
Age:	Heating Type:	Dwelling Style:	SQ. FT:
Garage Size:	Garage Type:	Lot Size:	
Single: _____ Double: _____	Attached: _____ Detached: _____		
	Condo Fees	Annual Taxes	Taxes Paid By
For Refinancing, please provide the following:	Original Purchase Price: \$ _____	Original Purchase Date: Month: _____ Year: _____	Original Mortgage Amount: \$ _____
MLS # (if available) # _____	Comfree # (if available) # _____	Agents Name: (if Available) _____	

Purchase Price:	\$ _____
Downpayment:	\$ _____
Mortgage Amount required:	\$ _____

NOTES:

We will not stop until we find you the BEST rates for your situation.



Address: 336 Keewatin Street, Winnipeg, MB R2X 2R9 | **Phone:** (204) 697-5881 | **Fax:** (204) 697-5886



Mortgage Application

Please complete all pages of the application and fax it back to us at (204) 697-5886

AUTHORIZATION

Have you had any late payments, collections or judgements etc in the last 3 years? Yes _____ No _____
Have these been Paid? Yes _____ No _____

Have you filed for Bankruptcy within the last 7 years? Yes _____ No _____ Date: _____
Discharge Date: Month _____ Day _____ Year _____

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 and to evaluate and respond to my/our request for mortgage financing. 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, acknowledge and agree 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 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.

I/we further acknowledge and agree that each potential mortgage lender and mortgage insurer or applicable service provider to whom you provide the mortgage application and/or my/our personal information is permitted to receive such application and information and maintain records relating to me/us and my/our mortgage application and to hold, use, communicate and disclose personal information about me/us, including my/our Social Insurance (SIN) if I/We provide it, and collect personal information from me/us, you and from third persons, including credit bureau, credit reporting and collection agencies, financial institutions, my/our past and present employers, creditors and tenants, my/our spouse or any other person who has information about me/us for the purposes of recording, evaluation and responding to my/our application for mortgage financing and I/we specifically consent to the release and disclosure of personal information by such persons to and among you and each potential mortgage lender and mortgage insurer and applicable service provider

Applicant Name:	Signature :	Date:
Co- Applicant Name:	Signature :	Date:

We will not stop until we find you the BEST rates for your situation.



Address: 336 Keewatin Street, Winnipeg, MB R2X 2R9 | **Phone:** (204) 697-5881 | **Fax:** (204) 697-5886