

# Mortgage Application

Nathalie Liu Hiller, Mortgage Associate  
 Mortgage Architects Inc.  
 Fax (780)757-4815  
 Direct Line (780)934-8839  
 Email: Contact@CanadaMortgageHub.com



## PERSONAL INFORMATION

PRINCIPAL APPLICANT			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss
First Name			
Middle Name			
Last Name			
Date of Birth			mm/dd/yyyy
SIN			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other ( <i>specify</i> )		
Number of Dependants			

CO-APPLICANT ( <i>if necessary</i> )			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss
First Name			
Middle Name			
Last Name			
Date of Birth			mm/dd/yyyy
SIN			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other ( <i>specify</i> )		
Number of Dependants			

CURRENT ADDRESS			
Street			
City			
Province			
Postal Code			
Years there		<input type="checkbox"/> Own	<input type="checkbox"/> Rent <input type="checkbox"/> Other
Monthly payment or rent			
Home Phone			
Cell Phone			
Work Phone			ext
Fax			
Email			
<i>If less than 3 years, please provide your previous address</i>			
Street			
City			
Province			
Postal Code			
Years there		<input type="checkbox"/> Owned	<input type="checkbox"/> Rented <input type="checkbox"/> Other
<i>If less than 3 years, please provide your previous address</i>			
Street			
City			
Province			
Postal Code			
Years there		<input type="checkbox"/> Owned	<input type="checkbox"/> Rented <input type="checkbox"/> Other

CURRENT ADDRESS			
Street			
City			
Province			
Postal Code			
Years there		<input type="checkbox"/> Own	<input type="checkbox"/> Rent <input type="checkbox"/> Other
Monthly payment or rent			
Home Phone			
Cell Phone			
Work Phone			ext
Fax			
Email			
<i>If less than 3 years, please provide your previous address</i>			
Street			
City			
Province			
Postal Code			
Years there		<input type="checkbox"/> Owned	<input type="checkbox"/> Rented <input type="checkbox"/> Other
<i>If less than 3 years, please provide your previous address</i>			
Street			
City			
Province			
Postal Code			
Years there		<input type="checkbox"/> Owned	<input type="checkbox"/> Rented <input type="checkbox"/> Other

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## EMPLOYMENT INFORMATION

Note: If Self-Employed or Business-for-Self, please go to next page.

PRINCIPAL APPLICANT	
Type	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Contract
Status	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> On Probation
Current Employer	
Street Address	
City	
Province	
Postal Code	
Employer Phone #	
Position	
Income Type	<input type="checkbox"/> Salary <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Pension <input type="checkbox"/> Others: Specify: _____
Gross Annual Income	
Years there	
<i>If less than 3 years, please provide your previous employer</i>	
Type	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Contract
Previous Employer	
Street Address	
City	
Province	
Gross Annual Income	
Position	
Income Type	<input type="checkbox"/> Salary <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Pension <input type="checkbox"/> Others: Specify: _____
Years there	
<i>If less than 3 years, please provide your previous employer</i>	
Type	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Contract
Previous Employer	
Street Address	
City	
Province	
Gross Annual Income	
Position	
Income Type	<input type="checkbox"/> Salary <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Pension <input type="checkbox"/> Others: Specify: _____
Years there	
Other Sources of Income	
Description	
Amount	

CO-APPLICANT	
Type	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Contract
Status	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> On Probation
Current Employer	
Street Address	
City	
Province	
Postal Code	
Employer Phone #	
Position	
Income Type	<input type="checkbox"/> Salary <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Pension <input type="checkbox"/> Others: Specify: _____
Gross Annual Income	
Years there	
<i>If less than 3 years, please provide your previous employer</i>	
Type	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Contract
Previous Employer	
Street Address	
City	
Province	
Gross Annual Income	
Position	
Income Type	<input type="checkbox"/> Salary <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Pension <input type="checkbox"/> Others: Specify: _____
Years there	
<i>If less than 3 years, please provide your previous employer</i>	
Type	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Contract
Previous Employer	
Street Address	
City	
Province	
Gross Annual Income	
Position	
Income Type	<input type="checkbox"/> Salary <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Pension <input type="checkbox"/> Others: Specify: _____
Years there	
Other Sources of Income	
Description	
Amount	

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## SELF-EMPLOYMENT INFORMATION

Note: Skip this section if you are not Self-Employed or Business-for-Self.

PRINCIPAL APPLICANT	
Self Employed for more than 2 years?	<input type="checkbox"/> Yes: Total Years: _____ <input type="checkbox"/> No
Business Name	
Street Address	
City	
Province	
Postal Code	
Business Type	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others: Specify: _____
Business Description	
Position	
Gross Annual Revenue	
Net Annual Income	
Personal Income (last 2 years' Notice of Assessments' Average Income = add both years' income and divide by 2)	\$
Business Bank Name	
Business Accountant's Name	
Other Sources of Income	
Description	
Amount	

CO-APPLICANT	
Self Employed for more than 2 years?	<input type="checkbox"/> Yes: Total Years: _____ <input type="checkbox"/> No
Business Name	
Street Address	
City	
Province	
Postal Code	
Business Type	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Others: Specify: _____
Business Description	
Position	
Gross Annual Revenue	
Net Annual Income	
Personal Income (last 2 years' Notice of Assessments' Average Income = add both years' income and divide by 2)	\$
Business Bank Name	
Business Accountant's Name	
Other Sources of Income	
Description	
Amount	

## ASSETS

PRINCIPAL APPLICANT	Balance
Savings Account Balance	
Chequing Account Balance	
RRSP Balance	
Stocks/Bonds	
Vehicle(s) Value	
Vehicle Make/Model/Year	
Residence	
Other Real Estate	
Other	
Name of Financial Institution (your bank) – add below	
Bank Name	
Street Address	
City	
Province	
Postal Code	

CO-APPLICANT	Balance
Savings Account Balance	
Chequing Account Balance	
RRSP Balance	
Stocks/Bonds	
Vehicle(s) Value	
Vehicle Make/Model/Year	
Residence	
Other Real Estate	
Other	
Name of Financial Institution (your bank) – add below	
Bank Name	
Street Address	
City	
Province	
Postal Code	

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## LIABILITIES

PRINCIPAL APPLICANT	Balance	Monthly Payment
Mortgage		
Credit Cards ( <i>all cards</i> )		
RRSP Loans		
Automobile Loan(s)		
Student Loans		
Bank Loan(s)		
Lines of Credits		
Alimony		
Child Support		
Others		
Others		
Others		
<b>Name of Mortgage Bank, if applicable</b>		
Street Address		
City		
Province		
Postal Code		

CO-APPLICANT	Balance	Monthly Payment
Mortgage		
Credit Cards ( <i>all cards</i> )		
RRSP Loans		
Automobile Loan(s)		
Student Loans		
Bank Loan(s)		
Lines of Credits		
Alimony		
Child Support		
Others		
Others		
Others		
<b>Name of Mortgage Bank, if applicable</b>		
Street Address		
City		
Province		
Postal Code		

## OTHER REAL ESTATE OWNED

**Note: If you own more than one property, please use separate sheet to list down details below for each property.**

PRINCIPAL APPLICANT	
Property 1:	
Current Value	
Date of Purchase	
Street	
City	
Province	
Mortgage Lender	
Mortgage Number	
Mortgage Balance	
Mortgage Rate	
Mortgage Maturity Date (DD/MM/YY)	
Payment (Principal, Interest, Tax)	
Payment Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Others: Specify: _____
2 <sup>nd</sup> Mortgage Amount	
Rent Received	
Insurance and Other Expenses	

CO- APPLICANT	
Property 1:	
Current Value	
Date of Purchase	
Street	
City	
Province	
Mortgage Lender	
Mortgage Number	
Mortgage Balance	
Mortgage Rate	
Mortgage Maturity Date (DD/MM/YY)	
Payment (Principal, Interest, Tax)	
Payment Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Others: Specify: _____
2 <sup>nd</sup> Mortgage Amount	
Rent Received	
Insurance and Other Expenses	

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## MORTGAGE INFORMATION FOR SUBJECT PROPERTY

PRINCIPAL APPLICANT			
Property Address			
Unit / Apartment No.		Purchase Price/Market Value	
Street Address		Mortgage Purpose:	<input type="checkbox"/> Purchasing <input type="checkbox"/> Refinancing <input type="checkbox"/> Others
City		Down Payment/Equity	
Province		Loan Amount	
Postal Code		Original Purchase Date	
Property Age		Completion Date	
Annual Property Tax		Subject Removal Date	
Building Type	<input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Semi-detached <input type="checkbox"/> Twnhse <input type="checkbox"/> Other : Specify: _____	Garage Size	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple <input type="checkbox"/> None
Heating Type	<input type="checkbox"/> Electric <input type="checkbox"/> Forced Air <input type="checkbox"/> Steam <input type="checkbox"/> Hot Water <input type="checkbox"/> Other: _____	Garage Type	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Other
Lot Size		Property Size (Square Footage)	

## IMPORTANT QUESTIONS

PRINCIPAL APPLICANT	CO-APPLICANT
Have you declared bankruptcy in the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you declared bankruptcy in the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently a co-signor on another loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently a co-signor on another loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently guarantee a business loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently guarantee a business loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a non-Canadian resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a non-Canadian resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a First-time Home Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a First-time Home Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No

We hereby certify that the information given in my/our mortgage application is complete, correct and is given for the purpose of obtaining the mortgage loan and/or financial services applied for.

I/We authorize the receipt and exchange of information about me/us with your affiliates from time to time as you deem appropriate and to the sharing or exchange of reports and information with the credit reporting agencies, credit bureaus, mortgage insurers, and/or any other person, corporation, firm or enterprise with whom I/We have or propose to have a financial relationship.

I/We hereby authorize Nathalie Liu Hiller, Mortgage Associate for Mortgage Architects Inc., to obtain a credit report and make any necessary inquiries regarding my/our mortgage application and to release this information to any lenders who may be interested in providing funds on my/our behalf.

Signature of Applicant	Date
Signature of Co-Borrower, if applicable	Date