



Mortgage Application

Attention:
Tel:
Fax:
Email:

Applicant One

Title	First Name	Mid Initial
Last Name		Suffix

Home Phone
Work Phone

Present Address		
Unit Number		
City	Province	
Postal Code	Own Rent	Years There
Current Rent		

Birth Date	Month	Day	Year
SIN #			
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Div/Sep
	<input type="checkbox"/> Common Law	<input type="checkbox"/> Engaged	<input type="checkbox"/> Widowed
Number of Dependants (excluding Spouse)			

Applicant Two

Title	First Name	Mid Initial
Last Name		Suffix

Home Phone
Work Phone

Present Address		
Unit Number		
City	Province	
Postal Code	Own Rent	Years There
Current Rent		

Birth Date	Month	Day	Year
SIN #			
Relationship To Borrower	<input type="checkbox"/> Spouse	<input type="checkbox"/> Co-Investor	<input type="checkbox"/> Co-Habit
	<input type="checkbox"/> Fiance	<input type="checkbox"/> Common Law	<input type="checkbox"/> Co-Signor
	<input type="checkbox"/> Other		

If "Present Address" is less 3 years please obtain a "Previous Address."

Previous Address		Unit Number
City		Province
Postal Code	Own Rent	Years There

Previous Address		Unit Number
City		Province
Postal Code	Own Rent	Years There

Notes
1. Birth date and Social Insurance Numbers are required for all applicants, if primary applicant is married then disclosure of primary applicants spouse is required
2. If income noted on top of page two is other than salary please provide details for example if hourly state the minimum number of hours worked for week and the hourly wage, or if any income is from commission please provide details of base salary and commissions earned per year for last two years.

PLEASE RETURN APPLICATION WITH SIGNATURES TO

AVERBACHMORTGAGES.COM

Applicant One

Applicant Two

Current Employer
 Address
 City, Province
 Postal Code
 Job Title/Position
 Years There

Current Employer
 Address
 City, Province
 Postal Code
 Job Title/Position
 Years There

If "Current Employer" is less than 3 years please obtain a "Previous Employer"

Previous Employer
 Address
 City, Province
 Postal Code
 Job Title/Position
 Years There

Previous Employer
 Address
 City, Province
 Postal Code
 Job Title/Position
 Years There

Annual Salary
 Other Income

Annual Salary
 Other Income

Total Income Principle and Co-Borrower

Assets

Liabilities

Bank Name Pmt/Mo Total Debt

Cash/Savings Account
 Credit Union Deposits
 Real Estate Deposits
 Bonds (Market Value)
 Stocks (Market Value)
 Real Estate (Market Value)
 Automobiles (Market Value)
 Personal Effects
 RRSP
 Other
 Other
 Automobiles Yr/Make & Model

Personal Loan
 Personal Loan
 Auto Lease
 MTG(s) to remain on OTHER property
 Credit Cards
 Charge Account
 Other
 Other

MTG(s) on SUBJECT property to remain
 MTG
 Rent
 Other
 Other

Total Assets
Current Net Worth

Total Liabilities Applied to TDSR

Bank/Trust name
 Branch Location
 Account Number

Bank/Trust name
 Branch Location
 Account Number

Solicitor's Firm
 Solicitor's Name
 Street Address
 City
 Province, Postal Code
 Phone Number

NOTE: Obtain a sample "VOID" cheque if client wants payment to come from "Bank" account.

Have you declared bankruptcy in the last 7 years?

Fax Number

Have you co-signed any other loans?

The Mortgage Group

Experts in Your Best Interest

Client Agreement

The undersigned applicant(s) (we or us, whether there is a single applicant or more than one) covenant and agree with The Mortgage Group (you) as follows:

(a) that all information we provide to you in connection with any mortgage application or other services you provide (a transaction) will be true and correct, and we acknowledge that you and any lenders or other persons to whom you submit that information will be relying on it in order to consider our application and/or determine our creditworthiness; (b) that we hereby authorize you to obtain any further financial or other information you may require concerning us in connection with a transaction from any sources to which you may apply and each such source is hereby authorized to provide you with such information; (c) that we hereby authorize you to disclose to any lender, credit bureau, insurer, insurance agent or other person included in a transaction such personal and financial information concerning us as you consider appropriate; (d) that we acknowledge and agree to your privacy policy, which we have been afforded an opportunity to review; (e) that we hereby release you from all claims in damages or otherwise that we may have in connection with or arising from any use, disclosure or release of any of our personal information, and that we will indemnify you against and save you harmless from any and all claims in damages or otherwise which may be made by third party in connection with or arising from any personal or other information that we have provided to you; (f) that we will pay all legal, property appraisal, registration fee and other costs or expenses incurred by you in connection with a transaction; (g) that you may retain our application and other personal information whether or not any transaction is ultimately completed; (h) that we acknowledge and agree that you may be entitled to receive financial compensation with respect to a transaction from a lender or other person; and (i) that we may in our discretion make application for life, disability and/or critical illness insurance coverage in connection with a transaction, and that we have no claim against you if we elect not to do so.

APPLICANT: (Please tick one box only)

Box 1 I wish to receive **further** information about life, disability and critical illness insurance coverage from The Mortgage Group

OR

Box 2 I **decline** the opportunity to receive further information about life, disability and/or critical illness insurance coverage from The Mortgage Group.

CO-APPLICANT (Please tick one box only)

Box 1 I wish to receive further information about life, disability and critical illness insurance coverage from The Mortgage Group

Box 2 I decline the opportunity to receive further information about life, disability and/or critical illness insurance from The Mortgage Group.

I/we understand that the terms and conditions of qualifying for coverage under such insurance are determined by the insurer, and that no such insurance will be in place unless and until I/we are so notified by the insurer.

Applicant Name Date

Co-Applicant Name Date

Applicant Signature Date

Co-Applicant Signature Date

TMG - File Name and Number CRM Program

Broker Name/Signature Date

Please Check: Residential Deal

Commercial Deal