

Mortgage Request Form



Applicant Information

FSCO Mortgage License # 10896

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs First name Initial Last name		Social Insurance Number (Optional)	
<input type="checkbox"/> Ms <input type="checkbox"/> Miss			
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law		Number of dependents <input type="checkbox"/> None	Date of birth (example: January 31, 1970)
Current address		City/Town	Province Postal code
Previous address (if at current for less than 3 years)		City/Town	Province Postal code
Residential status <input type="checkbox"/> Live with family <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Home telephone ()	Work telephone ()	Fax
Current employer	Occupation	Years there	Gross yearly income \$
Current employer address	City/Town	Province	Postal code
Email address (optional)	Source of other income (if any)		Other yearly income \$
Previous employer (if at current for less than 3 years)	Occupation	Years there	Gross yearly income \$

Co-Applicant Information

Fill out this section if you are married or have a co-applicant.

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs First name Initial Last name		Social Insurance Number	
<input type="checkbox"/> Ms <input type="checkbox"/> Miss			
Relationship to co-applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Other		Number of dependents <input type="checkbox"/> None	Date of birth (example: January 31, 1970)
Current address		City/Town	Province Postal code
Residential status <input type="checkbox"/> Live with family <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Home telephone ()	Work telephone ()	Fax (optional)
Current employer	Occupation	Years there	Gross yearly income \$
Current employer address	City/Town	Province	Postal code
Email address (optional)	Source of other income (if any)		Other yearly income \$

Details of Mortgage Loan

If you are unsure of the financing you require or are unfamiliar with any of these options, leave these sections blank.

Mortgage amount needed \$	Term (current rates on website) Variable <input type="checkbox"/> 5yr Fixed <input type="checkbox"/> 6mth <input type="checkbox"/> 2yr <input type="checkbox"/> 4yr <input type="checkbox"/> 7yr <input type="checkbox"/> 15yr <input type="checkbox"/> 25yr	Amortization years	Re-payment frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
Purchase Price (if applicable) \$	Downpayment (if applicable) \$	Downpayment source (if applicable) <input type="checkbox"/> Savings <input type="checkbox"/> RRSP <input type="checkbox"/> Gift <input type="checkbox"/> Sale of Property	
Property address (if applicable)	City/Town	Province	Postal code

Assets and Liabilities

Assets	Current Value	Liabilities	Current Balance	Monthly Payments
Cash and savings	\$	Credit cards	\$	\$
Property	\$	Rent/Mortgage payments	\$	\$
RRSP	\$	Personal loans/Lines of credit	\$	\$
Stocks and bonds	\$	Support/Alimony payments	\$	\$
Vehicles	\$	Car payments	\$	\$
Other:	\$	Other:	\$	\$
Total Assets	\$	Total Liabilities	\$	\$

Property Information Required By CMHC

Fill out this section only if you are buying a home and do not have a minimum of 25% down.

Dwelling type <input type="checkbox"/> Detached <input type="checkbox"/> Semi detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Highrise	Property age	Tenure <input type="checkbox"/> Freehold <input type="checkbox"/> Condo
Dwelling style <input type="checkbox"/> One storey <input type="checkbox"/> Bi level <input type="checkbox"/> Two storey <input type="checkbox"/> Split level <input type="checkbox"/> Storey and a half <input type="checkbox"/> Three storey	Square footage	Garage type <input type="checkbox"/> Attached <input type="checkbox"/> Detached
Heating Type <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Hot water <input type="checkbox"/> Fireplace <input type="checkbox"/> Wood Stove	Lot size	Garage size <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple

I hereby authorize the Canadian Equity Group to obtain a credit report and/or to make any necessary inquiries regarding our mortgage application and/or to release this information to any lenders who may be interested in providing funds on your behalf as stated in the CanEquity privacy policy. Our privacy policy is available at www.canequity.com or by calling toll free 1-888-818-4262

Applicant's Signature: X Co-Applicant's Signature: _____ Date: _____

Please return via facsimile 1-888-312-4262

