

Art Mortgage Camp

Mortgage/Loan Application Tel: 416 744 0012 Fax: 647-259-0254 Lic# 11734

I/We would like to arrange a 1st2nd3rdmortgage of \$		Term:		Amort:
Payment Frequency:	Application purpose: Purchase	Refinance	ETO	Debt Consolidation
Purchase Price \$	Down Payment: \$	Closi	ng Date:	

APPLICANT E-mail		CO-APPLICANT E-mail			
First Name:		First Name:			
Last Name:	S.I.N.	Last Name: S.I.N.		.N.	
Birthday M D Yr.	. Age	Birthday M D	Yr.	Age	
Dependants Mar	ital Status	Dependants	Marital Statu	IS	
Current Address:		Current Address:			
City	Postal	City Postal			
Home Phone:		Home Phone:			
	Fau		Fav		
Cell	Fax	Cell	Fax		
How long at this Address	Rent/Own	How long at this Addre	ess Rent	:/Own	
Previous Address (If less than	3 yrs)	Previous Address (If le	ess than 3 yrs)		
City	Postal	City	Pos	tal	
How long at this Address	Rent/Own	How long at this Addr	How long at this Address Rent/Own		
Current Employer		Current Employer			
Address City		Address	City		
Phone: Bus Postal		Phone: Bus	Postal		
How long Annual Income \$		How long	How long Annual Income \$		
Job Title		Job Title			
Previous Employer(If less than	3 yrs)	Previous Employer (If less than 3 yrs)			
Address		Address			
City Postal		City Postal			
How long	Annual Income \$	How long Annual Income \$			
Job Title		Job Title			
Other Income \$	Source				
Other Income \$ Source					
<u>ASSETS</u>	VALUE	<u>LIABILITIES</u>	AMT. OWED	MO. PMNT.	
Cash in the Bank		Credit Cards			
Principal Residence		Principal Residence			
Other Property		Other Property			
R.R.S.P.		Credit Lines			
Stocks & Bonds		Bank Loans			
Vehicle		Car Loans			
Deposit on Property		Car Lease			
Other		Other			



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Name of Bank	Account #	Name of Bank	Account #
Address		Address	
How Long	Balance in Acct. \$	How Long	Balance in Acct. \$

CREDIT CARDS & LOANS	ACCOUNT #	CR. LIMIT	BALANCE	MO. PMNT.	<u>P/O</u>
		\$	\$	\$	

EXISTING MORTGAGES		Taxes up-to-date? Yes/No	
Orig. Purchase Date		Orig. Purch. Price \$	Orig Mtg. \$
Mortgagee Up-to-date?	Yes/No	Mortgage #	CMHC Ins. #
Address		Maturity Date	Taxes \$
Mtg. Type 1 st 2 nd 3 rd Rate:	%	Property Value Today \$	
Monthly Payment \$		Is this Principal Residence Yes	No
Mortgage Balance \$		Rental Income \$	

PROPERTY DETAIL	<u>S</u>		
Address		MLS #	Occupancy:
City	Postal Code	Square Footage:	Lot Size:
DetachedSemiT.HApt.—Condo—RowCottage		Construction:	Age:
Bungalow2 Story3 StoryBack splitSide split		Condo Fees:	Heat:
Number of Rooms	Bedrooms Bathrooms	Rental Income:	
Drive SingleDouble	PavedGravel	Appraisal or Estimated Value \$	
Garage SingleDouble	AttachedDetached	Property Tax:	

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. You are authorized to obtain any information you may require relative to this application from any sources to which you may apply and each such source is hereby authorized to provide you with such information. You are furthermore authorized to disclose, in response to direct enquiries from any other lender or credit bureau, such information on my loan account as you consider appropriate, and I agree to indemnify you against and save you harm from any and all claims in damages or otherwise arising from such disclosure on your part. I agree that a finder's fee based on the mortgage amount, to which I am not entitled, may be obtained by Art Mortgage Camp from the lender and that I am liable for this fee should a commitment/offer be obtained and the transaction not close.

Signature of Applicant	Signature of Co-Applicant
Date	Date