

Parato Mortgage Group - FSCO Lic 12338



Jay Heroux, CAAMP Mortgage Agent, FSCO Lic M11000326

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 1477 Lakeshore Road, Unit 2, Burlington, ON, L7S 1B5

MORTGAGE APPLICATION

Mortgage	Line of Credit	Assumption of Mortgage	Purchase	Refinance
Loan	Other	— First	Second	Third

Applicant	Mr. Mrs.	Aliss Ans	S.I.N.		Business T	el:	Ho	ome Tel:		
Co-Applicant	Mr. Mrs.	🖬 Miss 🔲 Ms	S.I.N.		Business To	el:	Hc	ome Tel:		
D.O.B. App. (мм/dd/үүүү)	D.O.B. Co-App. (MM/DD/YYY)	Marital Status	# of Dependent	ts / Ages:	Yrs. at pres	ent address:	Rent / Mortgage Payment:			
		Divorced Separated					\$		/month	
Address	1	Apt.	City:		Postal Cod	e:		Own	Rent	
								Other		
Previous Address (if less than	n 3 years at present address)		1		1		Ho	w Long:		
Applicant's Present Employe	r & Address:		How Long:	Occupation	1:	Type of Business:		Gross Monthl	y Income:	
								Ś		
Applicant's Previous Employ	er (if less than 3 years):		How Long:	Source of O	Source of Other Income:			Other Monthly Income:		
			_					s	-	
Co-Applicant's Present Empl	over & Address:		How Long:	Occupation	1:	Type of Business:		Gross Monthl	v Income:	
			5			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	
Co-Applicant's Previous Emp	lover (if less than 3 years).		How Long:	Source of O	Source of Other Income:		S Other Monthly Income:			
CO-Applicant's Flevious Emp	loyer (il less than 5 years).		How Long.	Source of O					ly income.	
								\$		
Email Addresses & Cell Phon	e Numbers							Total Monthly	income:	
								\$		

ASSETS:	EXISTING MORTGAGE INFO	1st Mortgage	2nd Mortgage
Savings/Cash in bank:	\$ Balance	\$	\$
RRSP	\$ Rate		
Stocks / Bonds / Investments	\$ Name Of Bank Or Mortgage Company		
Gifted Funds	\$ Renewal Date		
	Mortgage Reference #		
AMOUNT OF DOWN PAYMENT	\$		
Where is it coming from?	EXISTING HOME INFO:		
	Current Value	\$	
VEHICLES (yr/make)	Original Purchase Price	\$	
1)	\$ Original Purchase Date		
2)	\$ Annual Property Taxes	\$	
3)	\$		
Household/Personal Effects	\$		



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MORTGAGE APPLICATION (page 2)

DESCRIPTION OF PROPERTY TO BE FINANCED																			
Detache	d		Semi-l	Detach	ied		Townho	ise		Condo		Other							
Municipal Ad	dress:													Cit	//Town:				
Owner Occ.			Lot: Plan					n: Lot Size				Lot Size (n	n / ft)	ft) x					Stories
Rental			Taxes: \$ /20				/20					Heating:			Water:			Sev	vers:
# Rooms: # Bedrooms:				#	# Bathrooms:			# Kitchens:			(Garage	Y/N	for					
Basement: Part/Full			Finished: Y/N Apartment: Y			ment: Y Condo Fees: \$		do Fees: \$	Sq. Ft		Sq. Ft	./M.							
Solicitor:					Address:														

TO BE COMPLETED BY AGENT					
Financing Requirements:	Clos	osing Date:			
First Mortgage:	\$ 1st:	: Open/Closed	Amortization:		yrs./Interest Only
Second Mortgage:	\$ Rate	ie:	Term:	Payment	:
Down Payment:	\$ Pre	-Payment Privileges:			
Credit Line:	\$ 2nd	d: Open/Closed	Amortization:		yrs./Interest Only
CMHC/MICC Insurance Premium:	\$ Rate	ie:	Term:	Payment	:
Estimated / Appraised Value:	\$ Pre	-Payment Privileges:			
Loan to Value	\$ Арр	praisal Fee:		C.O.D.	Pre-Pay

In this agreement, "you" and "your" refer to the undersigned, "we", "us" and "our" refer to Dominion Lending Centres

- You certify that the information provided is true and accurate. That all debts are current and in good standing. That you have no outstanding judgements, and that you have not declared bankruptcy in the last 6 years.
- You acknowledge that we may be receiving a fee in respect to the arranging of a mortgage/loan and you hereby waive any right to deny or dispute our receiving said fee.

3)	You authorize us, and any financial institution we send this application, to obtain
	information about you as permitted by law, including credit card information, and
	to use your social insurance number for the express purpose of obtaining and
	sharing said information with other credit grantors, credit bureaux, suppliers of
	services and mortgage insurers, and also to keep this application for our records.

4) You hereby acknowledge that you have been advised that Mortgage Life/Creditor Insurance may be available to you through your mortgage broker, lender or an insurance company and take sole responsibility to investigate and secure such coverage if desired.

Dated at _____

Applicant(s)

X _____

Х ____

_____ this _____ day of _____ , _____.