

# Mortgage Application

**Attention:**           **Raeann Lefebvre**  
**Tel:**                   **780-914-2620**  
**Fax:**                   **1-866-827-6172**  
**Email:**               **[raeann@mortgageengineer.ca](mailto:raeann@mortgageengineer.ca)**

## Applicant One

Title	First Name		Mid Initial
Last Name			Suffix
Home Phone			
Work Phone			
Current Address			
Unit Number			
City			Province
Postal Code	Own Rent	Years There	
Birth Date	Month	Day	Year
SIN #			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Common Law	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Engaged	<input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed
Number of Dependants (excluding Spouse)			

## Applicant Two

Title	First Name		Mid Initial
Last Name			Suffix
Home Phone			
Work Phone			
Current Address			
Unit Number			
City			Province
Postal Code	Own Rent	Years There	
Birth Date	Month	Day	Year
SIN #			
Relationship To Borrower	<input type="checkbox"/> Spouse <input type="checkbox"/> Fiance <input type="checkbox"/> Other	<input type="checkbox"/> Co-Investor <input type="checkbox"/> Common Law	<input type="checkbox"/> Co-Habit <input type="checkbox"/> Co-Signor

**If "Current Address" is less 3 years please provide 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	
<p>1. Birth date and Social Insurance Numbers are required for all applicants, if primary applicant is married, then disclosure of primary applicant's spouse is required</p> <p>2. If income noted on top of page two is other than salary, please provide details. For example, if hourly wage, indicate the minimum number of hours worked for each week and the hourly rate, or if any income is from commission, please provide details of base salary, if any, and commissions earned per year for last two years.</p>	

**PLEASE SIGN ON PAGE 3 AND RETURN APPLICATION WITH SIGNATURES TO RAEANN LEFEBVRE**

**Requested Mortgage Details:** Mortgage Amount required:  
 Purchase Price or Current Value:  
 Down Payment Amount:  
 Closing Date:

\$	
\$	
\$	
	Day/ Month/ Year

**Applicant One**

**Applicant Two**

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

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

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

Annual Salary		
Other Income		

**Total Income Primary Applicant and Co-Borrower**

**Assets**

**Liabilities**

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	
<b>Total Assets</b>	
<b>Current Net Worth</b>	

	Bank Name	Payment/Month	Total Debt
Personal Loan			
Personal Loan			
Auto Lease			
Mortgage(s) to remain on OTHER properties			
	Credit Cards		
	Charge Account		
	Other		
	Other		
Mortgage(s) to remain on SUBJECT property			
Mortgage			
Rent			
Other			
Other			
<b>Total Liabilities</b>	Applied to TDSR		

Bank/Trust name	
Branch Location	
Account Number	


Solicitor's Firm	
Solicitor's Name	
Street Address	
City	
Province, Postal Code	
Phone Number	
Fax 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?	
Have you co-signed any other loans?	

We, Mortgage Architects collect, receive, use and disclose personal information about you, our client, for the purposes of: verifying the information provided; assessing your credit-worthiness; maintaining our client relationship; presenting your mortgage application to various lenders and insurers for the purpose of securing and/or renewing a mortgage and/or related services and providing information to you about other products offered or approved by us, our affiliates, related entities or other third party financial partners that we believe may be of interest to you. We may also disclose your personal information under strict confidentiality restrictions to (i) any potential purchaser of our business and their advisors, (ii) any third party service providers to whom we may outsource our business functions and (iii) any parties involved in the securitization, assignment or pledge of loan(s)/ mortgage(s) that are obtained through us.

By signing this form, you consent to our collecting, using and disclosing your personal information for the foregoing purposes, and to carry out these purposes you agree that we may disclose your personal information to and receive your personal information from: consumer reporting agencies, credit bureaus, real estate appraisers, your bank(s) or other financial institutions with whom you have or have had dealings, your past mortgage brokers, your present and past employers and such other third parties who may have information about your financial status. If there is more than one applicant, you also agree that we may collect, use and disclosure personal information about each of you from the other for the purposes listed above.

**If you do not wish to receive any information on any other products offered or approved by us, and providing information to you about other products offered or approved by us, our affiliates, related entities or other third party financial partners that we believe may be of interest to you, please initial the box where indicated [or indicate your refusal verbally].**

**NO, you may not send me any information on other products**

You hereby agree that Mortgage Architects and your independent mortgage planner may use and retain your personal information for the forgoing purposes for seven (7) years after the later of a) the date of your latest application to us, and b) the date that all of your loans/mortgages contracted through us have expired or were terminated. Our privacy policies and procedures summary is on our website: [www.mortgagearchitects.ca](http://www.mortgagearchitects.ca)

**APPLICANT:** (Please tick one box only)

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

**OR**

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

**CO-APPLICANT** (Please tick one box only)

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

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

**If Box 1 has been selected, please provide the following information:**

**Applicant**

Date of Birth	Day	Mth	Yr
Mortgage amount			
Telephone			
Smoker	<input type="checkbox"/>	Non Smoker	<input type="checkbox"/>

**Co-Applicant**

Date of Birth	Day	Mth	Yr
Mortgage amount			
Telephone			
Smoker	<input type="checkbox"/>	Non Smoker	<input type="checkbox"/>

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.

Name of Applicant \_\_\_\_\_ Date 25-Jan-11

Co-Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*Office Use only:*

Expert File Name and Number \_\_\_\_\_ CRM Program Yes  No

Broker Name/Signature \_\_\_\_\_ Date \_\_\_\_\_