



CAPITAL HOME LENDING

18-865 York Mills Road • Toronto, Ontario • M3B 1Y6
Brokerage License #12347 • 416.419.0359 • 416.642.0482

MORTGAGE APPLICATION

Please tell us about yourself

Your title	Your last name				Co-Applicant Last Name			
<input type="checkbox"/> Mr.	First name				First name			
<input type="checkbox"/> Mrs.	and initial				and initial			
<input type="checkbox"/> Miss.	Your SIN				Co-Applicant SIN			
<input type="checkbox"/> Ms.	Your Birth Date				Co-Applicant Birth Date			
<input type="checkbox"/> Dr.	Day	Month	Year	Day	Month	Year		
Your Current Address	Street # and Name	Apt / Suite	City	Province	Postal Code			
How long have you lived there?	Your Home Telephone	Area Code	Your Business Telephone	Area Code	Ext.			
If less than 3 years, previous address	Street # and Name	Apt / Suite	City	Province	Postal Code	How long there?		
Are you:	<input type="checkbox"/> Married	# of Dependants						
	<input type="checkbox"/> Single	Name			Age			
	<input type="checkbox"/> Widowed	Name			Age			
	<input type="checkbox"/> Common-Law	Name			Age			
	<input type="checkbox"/> Divorced	Name			Age			
	<input type="checkbox"/> Separated	Name			Age			

Please tell us about your employment

Are you Self Employed? (If more than 3 years)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the Co-Applicant Self Employed: (If more than 3 years)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Your Employer Name:			Co-Applicant Employer Name:		
Address:			Address:		
Occupation:			Occupation:		
How Long?			How Long?		
Annual Income:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Annual Income:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Other Income Source	<input type="checkbox"/> Part-time	Details	Co-Applicant Other Income Source	<input type="checkbox"/> Part-time	Details
	<input type="checkbox"/> Rental	How Long?		<input type="checkbox"/> Rental	How Long?
	<input type="checkbox"/> Alimony/Child Support	Amount		<input type="checkbox"/> Alimony/Child Support	Amount
	<input type="checkbox"/> Pension			<input type="checkbox"/> Pension	
	<input type="checkbox"/> Business			<input type="checkbox"/> Business	
	<input type="checkbox"/> Investment			<input type="checkbox"/> Investment	
Previous Employer:			Co-Applicant Employer:		
Address:			Address:		
Occupation:	How Long?		Occupation:	How Long?	
Annual Income:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Annual Income:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary





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Please tell us about the property to be mortgaged

Purpose:

Purchase

If Purchase, For 1st Home?

Yes

No

Refinance

Transfer

New Construction (Completion)

New Construction (CMHC Draws)

Equity Take-Out

If Equity Take-Out, please state reason:

Term:

Yrs

Closing

Date:

Downpayment \$

Amortization:

Yrs

Required Mortgage Amount \$

Source of Downpayment:

Payment Frequency:

Weekly

Bi-Weekly

Semi-Monthly

Monthly

Add Property Tax to payment:

Yes

No

Address

City

Province

Legal Description

Lot #:

Plan#:

Property Type:

Detached Single

Semi-detached

Duplex

Triplex

Fourplex

Townhouse

Townhouse - Condo Unit

Apartment - Condo Unit

Other, specify

Occupancy Type:

Owner Occupied

Rental

Purchase Date:

Estimated Value Or Purchase Price:
\$

Unit #:

Postal Code

Zoned

Residential

Other

Block:

Lot Size:

Bldg Size: sqft

Condition:

Tenure:

Freehold

Leasehold

Condo

Age:

Heating Type:

Construction:

Brick

Frame

Insul-brick

Aluminium

Concrete

Stone

Vinylsiding

Stucco

WoodFrame

Log

Other

Garage:

None

Single

Double

Attached

Detached

Underground

Other

Pool:

No

Yes

Type:

Sewer:

Municipal

Septic

Basement:

Full

Partial

Finished

Unfinished

Crawl

None

Insulation Type:

No UFFI

UFFI

Stories:

Kitchens:

Bathrooms:

Rooms:

Bedrooms:

Monthly Condo Fees

\$

Annual Property Taxes

\$

Annual Heating Cost

\$





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Please tell us about your financial resources

ASSETS		LIABILITIES					
Type	Amount	Name of Bank / Institution	Monthly Payment	Outstanding Balance			
Cash in bank-Savings/Chequing	\$ _____	Credit Card	\$ _____	\$ _____			
Term Deposit/GIC:	\$ _____	Credit Card	\$ _____	\$ _____			
Stocks / Bonds:	\$ _____	Credit Card	\$ _____	\$ _____			
RRSPS /RIFS:	\$ _____	Support / Alimony	\$ _____	\$ _____			
Deposit with offer:	\$ _____	Line of Credit	\$ _____	\$ _____			
Principal Residence:	\$ _____	Existing 1-Mortgage	\$ _____	\$ _____			
		<table border="1"> <tr> <td>Maturity Date:</td> <td>Term / Rate:</td> <td>Amortization:</td> </tr> </table>			Maturity Date:	Term / Rate:	Amortization:
Maturity Date:	Term / Rate:	Amortization:					
Other Real Estate:	\$ _____	Existing 2-Mortgage	\$ _____	\$ _____			
		<table border="1"> <tr> <td>Maturity Date:</td> <td>Term / Rate:</td> <td>Amortization:</td> </tr> </table>			Maturity Date:	Term / Rate:	Amortization:
Maturity Date:	Term / Rate:	Amortization:					
Description:							
Automobile (Value)	\$ _____	Bank Loan	\$ _____	\$ _____			
Make/ Type/ Year	_____	Bank Loan	\$ _____	\$ _____			
2- Automobile (Value)	\$ _____	Bank Loan	\$ _____	\$ _____			
Make/ Type/ Year	_____	Outstanding Income Taxes	\$ _____	\$ _____			
Personal Effects (contents of home)	\$ _____	Other	\$ _____	\$ _____			
		Monthly Rent (if applicable)	\$ _____				
Bank Reference:		Address:	Phone #:	Account #: Account #:			

Please provide us with some legal information

Name of Solicitor (N/A for Transfers)	Solicitor's Firm	Address	Phone #	Fax #
Have you ever declared bankruptcy?		If yes, please explain:		Discharge Date:
<input type="checkbox"/> Yes		_____		
<input type="checkbox"/> No, if yes, Amount \$ _____				

I understand that the mortgage will be conditional upon receipt of accepted offer to purchase (if purchasing a property), a satisfactory appraisal, the property meeting the lenders residential mortgage standards, written confirmation of income and employment, downpayment verification, and a credit review. BJL FINANCIAL MAY FROM TIME TO TIME GIVE ANY CREDIT AND OTHER INFORMATION ABOUT ME/US, INCLUDING ANY INFORMATION ON THIS FORM, TO OR RECEIVE SUCH INFORMATION FROM: (A) ANY CREDIT BUREAU OR REPORTING AGENCY; (B) ANY PERSON WITH WHOM I/WE MAY HAVE OR PROPOSE TO HAVE FINANCIAL DEALINGS; AND (C) ANY PERSON IF IN CONNECTION WITH ANY DEALINGS I/WE MAY HAVE OR PROPOSE TO HAVE WITH BJL FINANCIAL. I /we agree that BJL FINANCIAL may use that information to establish and maintain my/our relationship with BJL FINANCIAL and to offer any services permitted by law. I certify that the above information is true and complete.

Date Signature Signature

