MORTGAGE APPLICATION

BRIGHTPATH FINANCIAL CORPORATION (Mortgage Brokers) FSRA License#: 10767
7030 Woodbine Avenue, Suite 500, Markham, ON L3R6T3 (By Appt Only)
Office Phone: (647) 477-5964 Email: broker@brightpathfinancial.ca

APPLICANT	CO-APPLICANT
☐ SINGLE ☐ MARRIED ☐ COMMON-LAW ☐ DIVORCED ☐ SEPARATED	☐ SINGLE ☐ MARRIED ☐ COMMON-LAW ☐ DIVORCED ☐ SEPARATED
FIRST NAME / INITIAL / LAST NAME / TITLE	FIRST NAME / INITIAL / LAST NAME / TITLE
# OF DEPENDENTS / DOB (MM/DD/YYYY) / SOCIAL INSURANCE NUMBER	# OF DEPENDENTS / DOB (MM/DD/YYYY) / SOCIAL INSURANCE NUMBER
HOME PHONE / CELL PHONE / E-MAIL ADDRESS	HOME PHONE / CELL PHONE / E-MAIL ADDRESS
CURRENT HOME ADDRESS (street number, apt#, city, postal code, province)	CURRENT HOME ADDRESS ☐ tick if same as applicant
# YRS AT ADDRESS / STATUS / MONTHLY RENT (if applicable)	# YRS AT ADDRESS / STATUS / MONTHLY RENT (if applicable)
PREVIOUS ADDRESS (IF CURRENT ADDRESS LESS THAN 3 YEARS) / # YEARS	PREVIOUS ADDRESS (IF CURRENT ADDRESS LESS THAN 3 YEARS) / # YEARS
DO YOU HAVE ANY JUDGMENTS OR LEGAL PROCEEDINGS AGAINST YOU? ☐ YES ☐ NO	DO YOU HAVE ANY JUDGMENTS OR LEGAL PROCEEDINGS AGAINST YOU? ☐ YES ☐ NO
EVER DECLARED BANKRUPTCY? ☐ YES ☐ NO / IF YES, DATE DISCHARGED (MM/DD/YYYY)	EVER DECLARED BANKRUPTCY? ☐ YES ☐ NO / IF YES, DATE DISCHARGED (MM/DD/YYYY):
CURRENT EMPLOYER NAME / ☐ FULL TIME ☐ PART TIME	CURRENT EMPLOYER NAME / ☐ FULL TIME ☐ PART TIME
EMPLOYER ADDRESS / # YEARS & MTHS	EMPLOYER ADDRESS / # YEARS & MTHS
JOB TITLE / ANNUAL INCOME (BEFORE TAX)	JOB TITLE / ANNUAL INCOME (BEFORE TAX)
BUSINESS TELEPHONE / BUSINESS EMAIL	BUSINESS TELEPHONE / BUSINESS EMAIL
PREVIOUS EMPLOYER NAME & ADDRESS (IF LESS THAN 3 YEARS)	PREVIOUS EMPLOYER NAME & ADDRESS (IF LESS THAN 3 YEARS)
JOB TITLE / # YEARS / ☐ FULL TIME ☐ PART TIME	JOB TITLE / # YEARS / ☐ FULL TIME ☐ PART TIME
OTHER EMPLOYMENT (company & role) / # OF YRS / ANNUAL INC. (B4 TAX)	OTHER EMPLOYMENT (company & role) / # OF YRS / ANNUAL INC. (B4 TAX)

ADDITIONAL NOTES (please put in information that cannot be properly captured in the standard input boxes)

Initials

PROPERTIES OWNED BY CLIENT (IF APPLICABLE)

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PROPERTY 1 STREET ADDRESS	CITY	PROVINCE	POSTAL CODE

DWELLING TYPE	PURCHASED (mm/yyyy)	ORIGINAL VALUE $	CURR VALUE $	LIVING SPACE (Sq.ft)	LOT SIZE	AGE (YR)

HEATING COSTS / MTH	CONDO FEES / MTH	ANNUAL TAXES	RENTAL INCOME / MTH	GARAGE SIZE	GARAGE TYPE

MTG 1 LENDER	RATE (%)	OUTST. BALANCE ($)	EXPIRY DATE	MTG 2 LENDER	RATE (%)	OUTST. BALANCE ($)	EXPIRY DATE

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PROPERTY 2 STREET ADDRESS	CITY	PROVINCE	POSTAL CODE

DWELLING TYPE	PURCHASED (mm/yyyy)	ORIGINAL VALUE $	CURR VALUE $	LIVING SPACE (Sq.ft)	LOT SIZE	AGE (YR)

HEATING COSTS / MTH	CONDO FEES/MTH	ANNUAL TAXES	RENTAL INCOME / MTH	GARAGE SIZE	GARAGE TYPE

MTG 1 LENDER	RATE (%)	OUTST. BALANCE ($)	EXPIRY DATE	MTG 2 LENDER	RATE (%)	OUTST. BALANCE ($)	EXPIRY DATE

ASSETS

TYPE	DESCRIPTION	VALUE

LIABILITIES

TYPE	DESCRIPTION	LIMIT $	BALANCE $	PMT $

TELL US ABOUT THE FINANCING REQUEST

PURPOSE	NOTE (pls provide additional information if any)

FUNDS IS REQUIRED BY (MM/DD/YY)	MORTGAGE AMOUNT REQUEST ($)	RATE DESIRED:

TELL US ABOUT THE PROPERTY TO BE MORTGAGED (IF APPLICABLE) tick if same as property above ☐

OCCUPANCY	CONSTRUCTION TYPE	DWELLING TYPE

PROPERTY ADDRESS:

ANNUAL PROP. TAXES	CONDO FEES /MTH	AGE	CLOSING DATE (MM/DD/YY)	PURCHASE PRICE $	DOWNPAYMENT $

SOLICITOR (LAWYER) NAME	ADDRESS	PHONE	EMAIL

SIGNATURE: I/We the applicant, named here in, authorize BrightPath Financial to obtain information about me as permitted by law; share information (including my SIN Number) about my application and credit history with other credit grantors, credit bureau, suppliers of services and mortgage insurers; to use my Social Insurance Number for the express purpose of obtaining and sharing information; and keeping this application for our records.

APPLICANT	DATE	CO-APPLICANT	DATE

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