



MORTGAGE APPLICATION

FSCO License#: 10767

Address: 17 Vickers Road, Markham, ON L3R6T3 (By Appointment Only)

Cell: (647)-739-6789 Office Phone: (647) 477-5964 Fax: (866)-663-6627

APPLICANT				CO-APPLICANT			
<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED				<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED			
FIRST NAME	INITIAL	LAST NAME	TITLE	FIRST NAME	INITIAL	LAST NAME	TITLE
# OF DEPENDENTS	DATE OF BIRTH (MM/DD/YY) / /	SOCIAL INSURANCE NUMBER		# OF DEPENDENTS	DATE OF BIRTH (MM/DD/YY) / /	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 <input type="checkbox"/> tick if same as applicant			
# YEARS AT ADDRESS		OWN/RENT/OTHERS: IF RENT - MONTHLY RENT:		# YEARS AT ADDRESS		OWN/RENT/OTHERS: IF RENT - MONTHLY RENT:	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO				DO YOU HAVE ANY JUDGMENTS OR LEGAL PROCEEDINGS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE DISCHARGED (MM/DD/YY):				HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE DISCHARGED (MM/DD/YY):			
CURRENT EMPLOYER NAME			<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	CURRENT EMPLOYER NAME			<input type="checkbox"/> FULL TIME <input type="checkbox"/> 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 FAX		BUSINESS TELEPHONE		BUSINESS FAX	
PREVIOUS EMPLOYER NAME & ADDRESS (IF LESS THAN 3 YEARS)				PREVIOUS EMPLOYER NAME & ADDRESS (IF LESS THAN 3 YEARS)			
JOB TITLE		# YEARS	FULL/PART TIME?	JOB TITLE		# YEARS	FULL/PART TIME ?
OTHER EMPLOYMENT (IF ANY)			# YEARS	OTHER EMPLOYMENT (IF ANY)			# YEARS
ANNUAL INCOME (BEFORE TAX)				ANNUAL INCOME (BEFORE TAX)			
ADDITIONAL NOTES (please put in information that cannot be properly captured in the standard input boxes)							

Initial _____ Initial _____

PROPERTIES OWNED BY CLIENT (IF APPLICABLE)

P R O P E R T Y 1	PROPERTY ADDRESS			DATE PURCHASED	PURCHASED VALUE	CURRENT VALUE
	(Please circle) HOUSE / TOWNHOUSE / APARTMENT		(Please circle) DETACHED /SEMI-DETACHED?	LIVING SPACE (SQ. FT.)	LOT SIZE (SQ. FT.)	ESTIMATED AGE
	HEATING COSTS	CONDO FEES:	ANNUAL TAXES	RENTAL INCOME (MTH)	GARAGE SIZE (circle): SINGLE/DOUBLE/TRIPLE	GARAGE TYPE (circle): ATTACHED/DETACHED
	MORTGAGE HOLDER	RATE (%)	OUTSTANDING AMOUNT	EXPIRY DATE	TERM (YEARS)	INSURED ?
P R O P E R T Y 2	PROPERTY ADDRESS			DATE PURCHASED	PURCHASED VALUE	CURRENT VALUE
	(Please circle) HOUSE / TOWNHOUSE / APARTMENT		(Please circle) DETACHED /SEMI-DETACHED	LIVING SPACE (SQ. FT.)	LOT SIZE (SQ. FT.)	ESTIMATED AGE
	HEATING COSTS	CONDO FEES:	ANNUAL TAXES	RENTAL INCOME (MTH)	GARAGE SIZE (circle): SINGLE/DOUBLE/TRIPLE	GARAGE TYPE (circle): ATTACHED/DETACHED
	MORTGAGE HOLDER	RATE (%)	OUTSTANDING AMOUNT	EXPIRY DATE	TERM (YEARS)	INSURED ?

ASSETS		\$	LIABILITIES	BANK NAME	MONTHLY PAYMENT	OUTSTANDING BALANCE
CASH/SAVINGS			PERSONAL LOAN			
STOCKS/BONDS/MUTUAL FUNDS			PERSONAL LOAN			
RRSP			AUTO LEASE/LOAN			
VEHICLE 1 (MAKE/YEAR)			ALIMONY			
VEHICLE 2 (MAKE/YEAR)			CREDIT CARD			
DEPOSIT ON PURCHASE			CREDIT CARD			
GIFT			LINE OF CREDIT			
			LINE OF CREDIT			

TELL US ABOUT THE FINANCING REQUEST

<input type="checkbox"/> PURCHASE <input type="checkbox"/> REFINANCE	PURPOSE OF FINANCING (e.g. debt consolidation, home improvement etc)		
FUNDS IS REQUIRED BY (MM/DD/YY) / /	MORTGAGE AMOUNT REQUEST (\$)	FUNDS REQUIRED BY (MM/DD/YY) / /	RATE DESIRED: <input type="checkbox"/> FIXED <input type="checkbox"/> VARIABLE

ADDITIONAL INFORMATION

TELL US ABOUT THE PROPERTY TO BE MORTGAGED (IF APPLICABLE)

<input type="checkbox"/> DETACHED <input type="checkbox"/> SEMI-DETACHED <input type="checkbox"/> DUPLEX CONDO <input type="checkbox"/> HIGH-RISE <input type="checkbox"/> TOWNHOUSE			<input type="checkbox"/> OWNER OCCUPIED <input type="checkbox"/> RENTED: INCOME \$ _____			
PROPERTY ADDRESS:				LOT #	PLAN #	LOT SIZE -(feet) x
ANNUAL PROPERTY TAXES	CONDO FEES (MTH)	AGE	CLOSING DATE (MM/DD/YY)	PURCHASE PRICE \$	DOWNPAYMENT \$	
SOLICITOR (LAWYER) NAME & ADDRESS:				SOLICITOR (LAWYER) PHONE & FAX		

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 _____