

MORTGAGE APPLICATION

Finn Larsen Mortgage Services #203-598 Main Street Penticton, BC V2A 5C7

Ph: 250.809.9999 Fax: 250.492.2282 Toll Free: 1.866.541.1313

Email: admin@bcmortgagebroker.ca

I was referred by: _____

Mortgage Purpose:

- | | | | |
|------------------------------|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 1st | <input type="checkbox"/> New | <input type="checkbox"/> Land Only | <input type="checkbox"/> MLS # _____ |
| <input type="checkbox"/> 2nd | <input type="checkbox"/> Renewal | <input type="checkbox"/> Residential | <input type="checkbox"/> Private |
| <input type="checkbox"/> 3rd | <input type="checkbox"/> Equity Take Out | <input type="checkbox"/> Commercial | <input type="checkbox"/> Other |

For the amount of approximately: _____

PART 1—PRIMARY APPLICANT INFORMATION

FIRST NAME:	LAST NAME:
FIRST PIECE OF ID NUMBER:	SECOND PIECE OF ID NUMBER:
SIN:	DATE OF BIRTH:
MARITAL STATUS:	NUMBER OF DEPENDANTS:
CELL PHONE:	HOME PHONE:
WORK PHONE:	EMAIL:
PREFERRED METHOD OF CONTACT:	RESIDENTIAL STATUS: <input type="checkbox"/> OWN <input type="checkbox"/> RENT _____ RENT AMOUNT <input type="checkbox"/> OTHER
CURRENT CIVIC ADDRESS:	CITY AND POSTAL CODE:
LENGTH OF TIME AT ADDRESS:	
PREVIOUS ADDRESS (If less than 3 years):	CITY AND POSTAL CODE:
LENGTH OF TIME AT PREVIOUS ADDRESS:	RESIDENTIAL STATUS AT PREVIOUS: <input type="checkbox"/> OWN <input type="checkbox"/> RENT _____ RENT AMOUNT <input type="checkbox"/> OTHER

CURRENT EMPLOYER:	EMPLOYER ADDRESS W/POSTAL CODE:
EMPLOYMENT TYPE: <input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> CASUAL <input type="checkbox"/> SELF EMPLOYED	OCCUPATION:
GROSS ANNUAL INCOME:	LENGTH OF TIME AT OCCUPATION:
START DATE:	
PREVIOUS EMPLOYER (If less than 3 years):	PREVIOUS EMPLOYER ADDRESS W/POSTAL CODE:
EMPLOYMENT TYPE: <input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> CASUAL <input type="checkbox"/> SELF EMPLOYED	OCCUPATION:
PREVIOUS GROSS INCOME:	LENGTH OF TIME AT PREVIOUS:
OTHER INCOME SOURCE: (CPP, OLD AGE, CHILD TAX, CHILD SUPPORT, WCB, SECOND JOB)	
GROSS OTHER INCOME:	
OTHER INCOME SOURCE: (CPP, OLD AGE, CHILD TAX, CHILD SUPPORT, WCB, SECOND JOB)	
GROSS OTHER INCOME:	
OTHER INCOME SOURCE: (CPP, OLD AGE, CHILD TAX, CHILD SUPPORT, WCB, SECOND JOB)	
GROSS OTHER INCOME:	

This application is for the benefit of a Third Party— Yes _____ No _____

- If the answer to the above questions is “Yes” and the third party is an individual then please complete the following section titled **“Third Party—Individual”**. If the answer to the above question is “Yes” and the third party is a business then please complete the following section titled **“Third Party—Business”**.

Third Party—Individual

- Name of third party- _____
- Address of third party- _____
- Occupation of third party- _____
- Date of birth of third party- _____
- Phone number of third party- _____
- Relationship of third party to borrower- _____

Third Party— Business

- Name of business- _____
- Address of business- _____
- Business phone number- _____
- Relationship of business to borrower- _____
- Incorporation number and place of incorporation (if applicable)- _____
- Nature of business- _____

I/We have the sum of \$_____available for a down payment

PART 1A –CO-APPLICANT AND/OR GUARANTOR INFORMATION Co-Applicant Guarantor

FIRST NAME:	LAST NAME:
FIRST PIECE OF ID NUMBER:	SECOND PIECE OF ID NUMBER:
SIN:	DATE OF BIRTH:
MARITAL STATUS:	NUMBER OF DEPENDANTS:
CELL PHONE:	HOME PHONE:
WORK PHONE:	EMAIL:
CURRENT RESIDENTIAL SAME AS PRIMARY APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
PREFERRED METHOD OF CONTACT:	RESIDENTIAL STATUS: <input type="checkbox"/> OWN <input type="checkbox"/> RENT _____ RENT AMOUNT <input type="checkbox"/> OTHER
CURRENT CIVIC ADDRESS:	CITY AND POSTAL CODE:
LENGTH OF TIME AT ADDRESS:	
PREVIOUS ADDRESS (If less than 3 years):	CITY AND POSTAL CODE:
PREVIOUS RESIDENTIAL SAME AS PRIMARY APPLICANT: <input type="checkbox"/> YES <input type="checkbox"/> NO	
LENGTH OF TIME AT PREVIOUS ADDRESS:	RESIDENTIAL STATUS AT PREVIOUS: <input type="checkbox"/> OWN <input type="checkbox"/> RENT _____ RENT AMOUNT <input type="checkbox"/> OTHER

CURRENT EMPLOYER:	EMPLOYER ADDRESS W/POSTAL CODE:
EMPLOYMENT TYPE: <input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> CASUAL <input type="checkbox"/> SELF EMPLOYED	OCCUPATION:
GROSS ANNUAL INCOME:	LENGTH OF TIME AT OCCUPATION:
START DATE:	
PREVIOUS EMPLOYER (If less than 3 years):	PREVIOUS EMPLOYER ADDRESS W/POSTAL CODE:
EMPLOYMENT TYPE: <input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> CASUAL <input type="checkbox"/> SELF EMPLOYED	OCCUPATION:
PREVIOUS GROSS INCOME:	LENGTH OF TIME AT PREVIOUS:
OTHER INCOME SOURCE: (CPP, OLD AGE, CHILD TAX, CHILD SUPPORT, WCB, SECOND JOB)	
GROSS OTHER INCOME:	
OTHER INCOME SOURCE: (CPP, OLD AGE, CHILD TAX, CHILD SUPPORT, WCB, SECOND JOB)	
GROSS OTHER INCOME:	
OTHER INCOME SOURCE: (CPP, OLD AGE, CHILD TAX, CHILD SUPPORT, WCB, SECOND JOB)	
GROSS OTHER INCOME:	

CREDIT CARD	DESCRIPTION	PAY	LIMITS	BALANCE	MONTHLY

TRADE ACCOUNTS	DESCRIPTION	PAY OFF	BALANCE	PYMTS

Permission to Disclose Applicant Information

Spouse: _____ YES NO

Realtor: _____ YES NO

Other: _____ YES NO

EXISTING MORTGAGES/PROPERTIES

HELD BY:	
MORTGAGE #	
MUNICIPAL ADDRESS:	
LEGAL ADDRESS:	
RENTAL INCOME:	
MORTGAGE BALANCE:	
MORTGAGE TYPE:	___ 1ST ___ 2ND ___ 3RD
RATE %	
MATURITY DATE:	
PROPERTY VALUE:	
PAYMENT:	
PRINCIPAL RESIDENCE: Y N	REMAIN AFTER CLOSING: Y N
HELD BY:	
MORTGAGE #	
MUNICIPAL ADDRESS:	
LEGAL ADDRESS:	
RENTAL INCOME:	
MORTGAGE BALANCE:	
MORTGAGE TYPE:	___ 1ST ___ 2ND ___ 3RD
RATE %	
MATURITY DATE:	
PROPERTY VALUE:	
PAYMENT:	
PRINCIPAL RESIDENCE: Y N	REMAIN AFTER CLOSING: Y N
HELD BY:	
MORTGAGE #	
MUNICIPAL ADDRESS:	
LEGAL ADDRESS:	
RENTAL INCOME:	
MORTGAGE BALANCE:	
MORTGAGE TYPE:	___ 1ST ___ 2ND ___ 3RD
RATE %	
MATURITY DATE:	
PROPERTY VALUE:	
PAYMENT:	
PRINCIPAL RESIDENCE: Y N	REMAIN AFTER CLOSING: Y N

REFINANCE INFORMATION

PURCHASE DATE: _____

PURCHASE PRICE: _____

CLOSING/SWITCH DATE OF NEW MORTGAGE: _____

ORIGINAL MORTGAGE AMOUNT: _____

PURPOSE: _____

IMPROVEMENTS: _____

EXISTING MORTGAGE HOLDER: _____

OUTSTANDING BALANCE: _____

PROPERTY DESCRIPTION TO BE MORTGAGED

MUNICIPAL ADDRESS

LEGAL DESCRIPTION

PHYSICAL DESCRIPTION

HOUSE STYLE

SQUARE FEET (MAIN & TOTAL)

HEATING SYSTEM

OWNER OCCUPIED			YES		NO
----------------	--	--	-----	--	----

RENTAL	YES	NO	RENTAL INCOME		
--------	-----	----	---------------	--	--

SUITE	YES	NO	LEGAL	YES	NO
-------	-----	----	-------	-----	----

MORTGAGE TYPE

PAYMENT

MATURITY DATE

PROPERTY VALUE

PRINCIPAL RESIDENCE			YES		NO
---------------------	--	--	-----	--	----

EXISTING MORTGAGE

PENALTIES: _____

CLIENT CONSENT FOR MORTGAGE APPLICATION and CREDIT BUREAU AUTHORIZATION

I/We warrant and confirm that the information given to Finn Larsen Mortgage Services in the mortgage application form is true and correct and I/We understand that it is being used to determine my/our credit responsibility. You are authorized to obtain any information you may require relative to this application from any sources to which you may apply and each such source is hereby authorized to provide you with such information.

I/We also understand, acknowledge and agree that the information given in the mortgage application forms as well as other information you obtain in relation to my credit history may be disclosed to potential mortgage lenders and mortgage insurers, organizations providing technological or other support services required in relation to this application and any other parties with whom I/we propose to have a financial relationship.

I/we further acknowledge and agree that each potential mortgage lender and mortgage insurer or applicable service provider to whom you provide the mortgage application and/or my/our personal information is permitted to receive such application and information and maintain records relating to me/us and my/our mortgage application and to hold, use, communicate and disclose personal information about me/us, including my/our social insurance numbers (SIN) if we/I provide it , and collect personal information from me/us, you, and from third parties, including credit bureaus, credit reporting and collection agencies, financial institutions, my/our past and present employers, creditors and tenants, my/our spouse or any other person who has information about me/us for the purposes of recording, evaluating and responding to my/our application for mortgage financing and I/we specifically consent to the release and disclosure of personal information by such persons to and among you and each potential mortgage lender and mortgage insurer and applicable service provider.

You are furthermore authorized to disclose, in response to direct enquiries from any other lender or credit bureau, such information on my loaning account as you consider appropriate, and I agree to indemnify you against and save you harm from any and all claims in damages or otherwise arising from such disclosure on your part.

You are also authorized to retain, share &/ or assign information regarding my mortgage application and credit bureaus as required for me to make applications to the effort of obtaining funding and mortgages as you may deem necessary & / or required. You are also authorized to retain the application whether or not the relative mortgage is approved.

I/We have also authorize you to do an insolvency search.

I/We also authorize you send me/us promotion material as well to tell me about your products and services through direct mail, telephone, emails, and other direct means.

Applicant Name: _____
(Full Legal Name Printed)

Co-Applicant: _____
(Full Legal Name Printed)

Address: _____

Address: _____

(Full Address)

(Full Address)

SIN Number: _____

SIN Number: _____

ID Number: _____
(BCID, Driver's License, Passport, Birth Certificate Registration)

ID Number: _____
(BCID, Driver's License, Passport, Birth Certificate Registration)

Signature: _____

Signature: _____

Date: _____

Date: _____