

First Canada Mortgage Corp.

Mortgage Application

APPLICANT:		Last Name	First Name	Middle Name	S.I.N.	Date of Birth		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		Address			<input type="checkbox"/> own <input type="checkbox"/> Rent How Long:	City	Prov.	Postal Code
Previous Address (if less than 3 years at current address)					<input type="checkbox"/> own <input type="checkbox"/> Rent How Long:	City	Prov.	Postal Code
Home Tel.	Bus Tel.	Cellular / Pager		Dependents	Marital Status			
CO-APPLICANT:		Last Name	First Name	Middle Name	S.I.N.	Date of Birth		
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.		Address			<input type="checkbox"/> own <input type="checkbox"/> Rent How Long:	City	Prov.	Postal Code
Previous Address (if less than 3 years at current address)					<input type="checkbox"/> own <input type="checkbox"/> Rent How Long:	City	Prov.	Postal Code
Home Tel.	Bus. Tel.	Cellular / Pager		Dependents	Marital Status			

EMPLOYMENT

APPLICANT: Name of Employer	Job title	
Company Address	Year With	Current Income
Previous Address (if less than 3 years at current address)	Year With	Previous Income
CO-APPLICANT: Name of Employer	Job Title	
Company Address	Year With	Current Income
Previous Employer (if less than 3 years at current address)	Year With	Previous Income
Sources of other income	Other Income	

FINANCIAL REQUIREMENT:

1st 2nd 3rd Others _____

Requested Loan Amount	Term	Amortization	Interest Rate
Source of Down Payment	Closing Date	Current Value of Property	Purpose of Loan
Solicitor		Tel. No.	Fax No.

PROPERTY DESCRIPTION (Mandatory without MLS)

Address		City	Province	Postal Code	
House Type: <input type="checkbox"/> Detached <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominium <input type="checkbox"/> Others: _____					
<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rented	Zoning <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	Type of Heating: <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Water Heating <input type="checkbox"/> Force Air <input type="checkbox"/> Other		Garage Size <input type="checkbox"/> Single <input type="checkbox"/> Triple <input type="checkbox"/> Double <input type="checkbox"/> None	Type of Garage <input type="checkbox"/> Attached <input type="checkbox"/> Detached
Rental Income	Insurance Cost	Heating Cost (per month)	Hydro Cost	Annual Condo Fee	Annual Property Tax
Lot Size	Liveable Space (sq ft)	Current Estimated Value	Age of Property	Date of Purchase	Purchase Price
Current Mortgage Holder			Maturity Date	Original Mortgage Amount	Outstanding Amount

Dated at _____ this _____ day of _____ 20 _____

Signature of Applicant _____ Signature of Co-applicant _____