

APPLICATION FOR MORTGAGE

Applicant Information

Title: _____ First Name: _____ Last Name: _____

SIN: _____ Date of Birth MM-DD-YY: _____

Current Address

Street No: _____ Street Name: _____ Appt No: _____

City: _____ Province: _____ Postal Code: _____

Home Phone No: _____ Other Contact No: _____

Email Address: _____

Residence Status: Own Rent Other (Please check one)

Residential Value: _____ Current Mortgage Balance: _____

Other Information

Annual Income: _____ Income Classification (Please check one)

Salary Self Employed Commission-Based Other

Loan Amount Required: _____ Outstanding Debt _____

Reason For loan: 1st Mortgage 2nd Mortgage 3rd Mortgage

Referral Source: _____

Co-Applicant Information

Title: _____ First Name: _____ Last Name: _____

SIN: _____ Date of Birth MM-DD-YY: _____

Current Address

Street No: _____ Street Name: _____ Appt No: _____

City: _____ Province: _____ Postal Code: _____

Home Phone No: _____ Other Contact No: _____

Email Address: _____

Residence Status: Own Rent Other (Please check one)

Other Information

Annual Income: _____ Income Classification (Please check one)

Salary Self Employed Commission-Based Other

Disclaimer

I / We hereby certify that the Information given in the mortgage application form is true and correct and I / We understand that it is being used to determine my/our credit responsibilities. Canada Lend Inc. is authorized to obtain any information they may require for the purpose from other sources (including, for example, credit bureau) and I / We understand that each such source is authorized to provide Canada Lend Inc. with such information.

I / We also understand and agree that the information given in the mortgage application form, in addition to any other information obtained in relation to my credit history, may be disclosed to 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.

Signed - Applicant

Signed – Co-Applicant

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)

Instructions to FAX

Once you have completed the form, please fax both pages to us at 1-866-981-7030 and one of our Loans Specialist will contact you. Before faxing your application, please ensure you have specified your Phone Number and E-mail ID correctly and allow 24 hours for us to process your application. If you have any questions please contact us at the phone number below.

Thank you for choosing **canadalend.com**

Customer Service Team
www.canadalend.com
1 (866) 422 6536