



"The Independent Mortgage Company" **APPLICANT**

APPLICANT	CO-APPLICANT
MRMRS	MR MRS MS.
NAME:(FI.RST/I.NI.TI.AL/L.AST)	NAME:(FI.RST/I.NI.TIAL/LAST)
EMAIL:	EMAIL:
HOME PH: W:	HOME PH: W:
C:	C: SIN #:
DOB: .(,M,M,/DD,/YYYYY)	DOB: .(,M,M/DD/YYYYY
MARITAL STATUS:	MARITAL STATUS:
DEPENDENTS:	DEPENDENTS:
CURRENT ADDRESS	CURRENT ADDRESS
Minimum of 3 years of history is required per applicant.	Minimum of 3 years of history is required per applicant.
ADDRESS:	ADDRESS:
CITY: PROV: PC:	CITY: PROV: PC:
YEARS: MONTHS:	YEARS: MONTHS:
RENT OWN \$/MONTH	RENT
	PREVIOUS ADDRESS
PREVIOUS ADDRESS	
ADDRESS:	ADDRESS:
CITY: PC: PC:	CITY: PROV: PC:
YEARS: MONTHS:	YEARS: MONTHS:
RENT OWN \$/MONTH	rent Own \$/month
CURRENT EMPLOYMENT INFORMATION	CURRENT EMPLOYMENT INFORMATION
Minimum of 3 years of history is required per applicant.	Minimum of 3 years of history is required per applicant.
EMPLOYER:	EMPLOYER:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
OCCUPATION:	OCCUPATION:
START DATE:YEARS/MONTHS:	START DATE:YEARS/MONTHS:
	HOURLY SALARY:
HOURLY SALARY: L	GROSS SALARY:
GROSS SALARY: # OF HOURS: # OF HOURS:	COMMISSION SELF EMPLOYED
COMMISSION SELF EMPLOYED SELF	
MOST RECENT 2 YEARS FROM LINE 150 OF NOTICE OF ASSESSMENT: 1	MOST RECENT 2 YEARS FROM LINE 150 OF NOTICE OF ASSESSMEN' 1
	PREVIOUS EMPLOYMENT INFORMATION
PREVIOUS EMPLOYMENT INFORMATION	EMPLOYER:
EMPLOYER:	
ADDRESS:	ADDRESS:
PHONE:	PHONE:
START DATE: END:	START DATE: END:
HOURLY SALARY:	HOURLY SALARY:
GROSS SALARY: HOURLY: # OF HOURS:	GROSS SALARY: # OF HOURS:
COMMISSION SELF EMPLOYED	COMMISSION SELF EMPLOYED

FINANCIAL INFORMATION

ASSETS AND LIABILITIES

CHEQUING/SAVING

GIC/TERM DEPOSIT

ASSETS (BANK ACCOUNTS, RRSP'S, INVESTMENTS, ETC.)

\$

\$

LIABILITY (MORTGAGE, LOAN, CREDIT CARD, ETC.)

\$

\$

\$

\$

TYPE OF LIABILITY

MORTGAGE

LOAN

		\$	CREDIT CARD/LINE	\$	\$
LIFE INSURANCE		\$	CREDIT CARD/LINE	\$	\$
STOCK/MUTUAL FUN	ID	\$	CREDIT CARD/LINE	\$	\$
OTHER		\$	OTHER	\$	\$
OTHER		\$	OTHER	\$	\$
AUTOMOBILES					
YEAR:	MAKE:	MODEL:	VALUE:		
YEAR:	MAKE:	MODEL:	VALUE:		
PROPERTY OWN	IED (IF MORE THAN	I PROPERTY, PLEASE	LIST ON EXTRA BLAN	K PAPER)	
ADDRESS:					
OUTSTANDING MORT	GAGE AMOUNT:	PURCHASE PRIC	`E:	CURRENT VALU	JE:
CURRENT INTEREST F	RATE: MONTHLY PA	4YMENT: BANK	:		
DATE OF PURCHASE:	(M M / D D / Y Y Y Y)	RENE	WAL OR MATURITY DATE: ("M.,	M / D D / Y Y Y Y	
ANNUAL PROPERTY T	TAX:	MONT	HLY RENTAL INCOME:		
SUP IECT DOODE	RTY DESCRIPTION				
SUBJECT PROPE					
ADDRESS:					
				POSTAL CODE:	
CITY:		PROVINCE:		POSTAL CODE:	
CITY:	CHED □SEMI-DETACHED	PROVINCE:		POSTAL CODE:	
CITY:HOUSE TYPE: DETACHOUSE STYLE: TWO	CHED SEMI-DETACHED STORY BUNGALOW S	PROVINCE:	OMINIUM OTHER		
CITY:HOUSE TYPE: DETACHOUSE STYLE: TWO	CHED SEMI-DETACHED STORY BUNGALOW S	PROVINCE:			
CITY: HOUSE TYPE: DETACHOUSE STYLE: TWO	CHED SEMI-DETACHED STORY BUNGALOW S AGE:	PROVINCE: TOWNHOUSE COND PLIT LEVEL OTHER LOT SIZ	OMINIUM OTHER	AGE TYPE:	
CITY: HOUSE TYPE: DETACHOUSE STYLE: TWO	CHED SEMI-DETACHED STORY BUNGALOW S AGE:	PROVINCE: TOWNHOUSE COND PLIT LEVEL OTHER LOT SIZ	OMINIUM OTHER ZE:GARA	AGE TYPE:	
HOUSE TYPE: DETACHOUSE STYLE: TWO HOUSE SIZE:	CHED SEMI-DETACHED STORY BUNGALOW S AGE:	PROVINCE: TOWNHOUSE CONDER PLIT LEVEL OTHER LOT SIZ ICE: given in the mortgage ap re authorized to obtain an hereby authorized to provided to disclose, in responsiate and I agree to inden	OMINIUM OTHER ZE:	AGE TYPE: AL CONDO FEE: Trect and I/we und re relative to this of on. I/we authorize to other lender or cre you harm from an	derstand that it is being used to application from any sources to you to obtain a copy of my/oredit bureau, such information of yound all claims in damages of your to all claims in damages of your such information of your all claims in damages of the content of

SIGNATURE OF APPLICANT _______SIGNATURE OF CO-APPLICANT _____