



The Mortgage Centre



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___ Pre-Approval

___ Purchase

___ Refinance

___ Equity Take-Out

APPLICANT

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel (Res.): (_____) _____

Tel (Bus.): (_____) _____

Length at Residence: Yrs. _____ Mths. _____

Rent: \$ _____ Own: _____ Live with Parents: _____

Sex (M/F): _____ Birthdate (mm/dd/yy): _____

Marital Status: _____

Are you a smoker? (Y/N): _____ SIN: _____

Email: _____

EMPLOYMENT

Current Employer: _____

Job Title: _____

Annual Income: \$ _____

Length of Employment: Yrs. _____ Mths. _____

Prev. Employer (if less than 3 yrs): _____

Annual Income: \$ _____

Length of Employment: Yrs. _____ Mths. _____

Other Income: \$ _____

Description: _____

Are your income taxes up-to-date? (Y/N): _____

CO-APPLICANT

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel (Res.): (_____) _____

Tel (Bus.): (_____) _____

Length at Residence: Yrs. _____ Mths. _____

Rent: \$ _____ Own: _____ Live with Parents: _____

Sex (M/F): _____ Birthdate (mm/dd/yy): _____

Marital Status: _____

Are you a smoker? (Y/N): _____ SIN: _____

Email: _____

EMPLOYMENT

Current Employer: _____

Job Title: _____

Annual Income: \$ _____

Length of Employment: Yrs. _____ Mths. _____

Prev. Employer (if less than 3 yrs): _____

Annual Income: \$ _____

Length of Employment: Yrs. _____ Mths. _____

Other Income: \$ _____

Description: _____

Are your income taxes up-to-date? (Y/N): _____

ASSETS/LIABILITIES

Description/Type	Financial Institution	Asset Value	Liability Balance	Monthly Payment
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

REAL ESTATE

Address: _____ Taxes: _____ \$ _____ \$ _____ \$ _____

Address: _____ Taxes: _____ \$ _____ \$ _____ \$ _____

Purchase Price (if applicable): \$ _____ Are you planning to occupy property? (Y/N) : _____

Amount Applying For: \$ _____ Down Payment: \$ _____ Source of Down Payment: _____

Closing Date (mm/dd/yy) : _____ Mortgage Type: _____ Referral Name: _____

Lawyer: _____ Tel: (_____) _____ Fax: (_____) _____

Real Estate Agent: _____ Tel: (_____) _____ Fax: (_____) _____

I/We warrant and confirm that the information given in the mortgage application form is true and correct. You are authorized to collect my personal information (collectively, "Information"), including credit reports and other financial information, from and disclose such Information to, your affiliates and services providers and other third parties such as credit reporting agencies, credit bureaus, credit grantors, insurers, government registries and those income sources and personal references that I advise to you. In particular, I understand that you will share my Information with any lender in connection with a mortgage or other loan transaction that you may arrange on my behalf.

My information will be collected, used and disclosed for the following purposes: (i) to provide mortgage brokering services, including arranging and/or renewing loan(s)/mortgage(s), (ii) to evaluate my credit application and verify my creditworthiness and to open, operate and collect on my account(s); (iii) to verify my identity and for internal audit; (iv) to meet legal and regulatory requirements; and (v) for statistical and record keeping purposes, and (vi) to inform me of other financial options and products and services offered or approved by you or by select third parties that may be of interest to me. I may have my name removed from your solicitation lists by contacting you at: The Mortgage Centre – Mortgage Professionals Inc., 2115 Bloor Street West, Toronto, Ontario, M68 1M5. You are also authorized to retain my information whether or not the mortgage is approved.

You may use the services of any financial institution or other reliable third party of your choice as your agent or service provider. In particular, you may use affiliated companies and/or third parties in Canada. I understand that, as a result, my Information may be accessed under applicable laws of Canada. Whenever Information is transferred to an agent or service provider, you will require them to protect my information to the standards of confidentiality and security adhered to by you.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____