

**PERSONAL INFORMATION:**

<b>Applicant</b>				<b>Co-Applicant</b>			
Name:				Name:			
Address:				Address:			
City / Postal Code:				City / Postal Code:			
No. of Years:		[owned/rented] Rent \$		No. of Years:		[owned/rented] Rent\$	
Home Phone:				Home Phone:			
Work Phone:				Work Phone:			
Date of Birth:		SIN#		Date of Birth:		SIN#	
Marital Status: Single Married Other Dependents [ ]				Marital Status: Single Married Other Dependents [ ]			

**[IF AT PRESENT ADDRESS LESS THAN 3 YRS THEN PLS PROVIDE PREVIOUS ADDRESS]**

Address:		Address:	
City / Postal Code:		City / Postal Code:	

**Previous address**

Address:		Address:	
City / Postal Code:		City / Postal Code:	

**EMPLOYMENT INFORMATION**

Employer:		Employer:	
Occupation:		Occupation:	
Salary:		Salary:	
Since how long:		Since how long:	
Previous employer (if less than 3 yrs)		Previous employer (if less than 3 yrs)	

**FINANCIAL INFORMATION**

<b>Assets: Bank Name:</b>		<b>Liabilities:</b>		<b>Payments:</b>	
Cash in Bank \$		Bank Loans			
RRSP		Credit Cards			
Real Estate		Mortgage			
Vehicle:		Loans			
Other:		Other			

**Location of Bank:****How Long?****MORTGAGE AND NEW PROPERTY INFORMATION:**

Purchase Price \$		Down Payment \$		Mortgage Amount \$	
Taxes:	Condo Fees	Mortgage Type:	Conventional	CMHC	
Property Address				Lot Number	

**PROPERTY DESCRIPTION (Mandatory without MLS)**

Address		City	Province	Postal Code	Present Use
<b>House Type:</b>	<input type="checkbox"/> Detached	<input type="checkbox"/> Semi Detached	<input type="checkbox"/> townhouse	<input type="checkbox"/> Condo	<input type="checkbox"/> Other
<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rented	<b>Zoning</b> <input type="checkbox"/> Residential <input type="checkbox"/> Commercial	<b>Type of Heating</b> <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Water Heating <input type="checkbox"/> Force Air <input type="checkbox"/> Other		<b>Garage Size</b> <input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> Triple <input type="checkbox"/> None
<b>Type of Garage</b> <input type="checkbox"/> Attached <input type="checkbox"/> Detached	Rental Income	Insurance Cost	Heating cost / mth	Hydro cost	Annual Condo Fee
Annual Property Tax	Lot Size	Live able Area	Current Estimated Value	Age of Property	Date of Purchase
Purchase Price	Current Mortgage Holder	Original Mortgage Amount	Maturity Date	Outstanding Amount	

**SIGNATURE**, I/We the applicants, named here in, authorize New Ventures Realty Inc. to obtain information about me/us as permitted by law, share information (including Social Insurance Number) about my/our application and credit history with other credit grantors, credit bureau, suppliers of services and mortgage insurers; to use my/our Social Insurance Number for the express purpose of obtaining and sharing information, and keeping this application for our records.

Dated	Print Name	Applicant's Signature
Dated	Print Name	Co-applicant's Signature