



MortgageFinancingBC.com



Client Information Form

Thank you for taking the time to complete our Client Information Form. Our goal is to obtain you an approval as quickly as possible. To assist us in doing so, please complete this form in as much detail as you are able. If you have any questions about the information being asked, please contact us and we will be happy to provide clarification. Once completed, please return this form by email or fax using the contact information on the last page.

PART I – Purpose of the Application

Please indicate which of the following options best describes the purpose of your application:

- Purchase
- Refinance
- Construction Financing *(please complete the construction financing supplement)*
- Other *(please provide details)* _____

Please indicate the use of the property being financed:

- Owner occupied home (principal residence)
- Second home or vacation property
- Rental home or investment property
- Commercial use property
- Other *(please provide details)* _____

I/we do not have a specific property yet, we are requesting a pre-approval at this time

I/we have a specific property selected: MLS number _____ or Private Sale

When do you require financing? _____

Notes *(please add any additional information on the purpose of the approval)*

PART II – Applicant(s) Information

Primary Applicant:

MR. <input type="checkbox"/>	MISS <input type="checkbox"/>	FIRST NAME	INITIAL	LAST NAME	
MRS. <input type="checkbox"/>	MS. <input type="checkbox"/>				
HOME PHONE	CELL PHONE	WORK PHONE	E-MAIL		
MARITAL STATUS	DATE OF BIRTH (MM / DD / YYYY)	NO. OF DEPENDANTS	S.I.N. #		
CURRENT ADDRESS (Street and No.)	UNIT NO.	CITY	PROVINCE	POSTAL CODE	
OWN or Monthly RENT \$	HOW LONG?	IF LESS THAN 3 YEARS PLEASE PROVIDE PREVIOUS ADDRESS			
PREVIOUS ADDRESS (Street and No.)	UNIT NO.	CITY	PROVINCE	POSTAL CODE	
OWN or Monthly RENT \$	HOW LONG?	PLEASE PROVIDE PREVIOUS ADDRESS IF TOTAL ADDRESS HISTORY IS LESS THAN 3 YEARS			

Co-Applicant

Co-Signer (please indicate relationship to the Primary Applicant): _____

MR. <input type="checkbox"/>	MISS <input type="checkbox"/>	FIRST NAME	INITIAL	LAST NAME	
MRS. <input type="checkbox"/>	MS. <input type="checkbox"/>				
HOME PHONE	CELL PHONE	WORK PHONE	E-MAIL		
MARITAL STATUS	DATE OF BIRTH (MM / DD / YYYY)	NO. OF DEPENDANTS	S.I.N. #		
CURRENT ADDRESS (Street and No.)	UNIT NO.	CITY	PROVINCE	POSTAL CODE	
OWN or Monthly RENT \$	HOW LONG?	IF LESS THAN 3 YEARS PLEASE PROVIDE PREVIOUS ADDRESS			
PREVIOUS ADDRESS (Street and No.)	UNIT NO.	CITY	PROVINCE	POSTAL CODE	
OWN or Monthly RENT \$	HOW LONG?	PLEASE PROVIDE PREVIOUS ADDRESS IF TOTAL ADDRESS HISTORY IS LESS THAN 3 YEARS			

PART III – Property To Be Financed

ADDRESS (Street and No.)		UNIT NO.	CITY	PROVINCE	POSTAL CODE
TYPE OF RESIDENCE		AGE	PRESENT VALUE \$	ANNUAL PROPERTY TAXES \$	
SQ/FT (Finished)	SQ/FT (Unfinished)	LOT SIZE	LEGAL DESCRIPTION (Available on your Property Tax Notice)		
SOURCE OF HEAT	MONTHLY HEATING \$	SOURCE OF WATER Municipal / Well	SEWAGE INFO Municipal / Septic / Holding Tank		
GARAGE None / Single / Double / Triple	GARAGE Detached / Attached / n/a	RENTAL INCOME \$	LEGAL SUITE Yes <input type="checkbox"/> No <input type="checkbox"/>		

PART IV – Properties Owned

Property 1 (please indicate the type of property)

- Owner Occupied Home (principal residence) Second Home or Vacation Property
 Rental Home or Investment Property Commercial Use Property

Is this the property being financed? yes no (if yes, please complete the mortgage information sections applicable)

ADDRESS (Street and No.)		UNIT NO.	CITY	PROVINCE	POSTAL CODE
TYPE OF RESIDENCE		AGE	PURCHASE DATE	ANNUAL PROPERTY TAXES \$	
TOTAL SQ/FT	LOT SIZE	PURCHASE PRICE \$	PRESENT VALUE \$		
RENT Yes <input type="checkbox"/> No <input type="checkbox"/>	MONTHLY RENT \$	RENTAL MANAGEMENT Yes <input type="checkbox"/> No <input type="checkbox"/>	MAINTENANCE COSTS \$		

MORTGAGE HOLDER	MORTGAGE BALANCE	PAYMENT	FREQUENCY OF PAYMENT
MATURITY DATE	RATE TYPE Fixed / Variable	RATE	TERM
ORIGINAL BALANCE	MATURITY DATE	MORTGAGE NO.	MORTGAGE LIFE INSURANCE PMT. \$

Additional Financing (provide details, if applicable) _____

Property 2 (please indicate the type of property)

- Second Home or Vacation Property
 Rental Home or Investment Property
 Commercial Use Property

ADDRESS (Street and No.)		UNIT NO.	CITY	PROVINCE	POSTAL CODE
TYPE OF RESIDENCE	AGE	PURCHASE DATE		ANNUAL PROPERTY TAXES \$	
TOTAL SQ/FT	LOT SIZE	PURCHASE PRICE \$		PRESENT VALUE \$	
RENT Yes <input type="checkbox"/> No <input type="checkbox"/>	MONTHLY RENT \$	RENTAL MANAGEMENT Yes <input type="checkbox"/> No <input type="checkbox"/>		MAINTENANCE COSTS \$	

MORTGAGE HOLDER	MORTGAGE BALANCE	PAYMENT	FREQUENCY OF PAYMENT
MATURITY DATE	RATE TYPE Fixed / Variable	RATE	TERM
ORIGINAL BALANCE	MATURITY DATE	MORTGAGE NO.	MORTGAGE LIFE INSURANCE PMT. \$

Property 3 (please indicate the type of property)

- Second Home or Vacation Property
 Rental Home or Investment Property
 Commercial Use Property

ADDRESS (Street and No.)		UNIT NO.	CITY	PROVINCE	POSTAL CODE
TYPE OF RESIDENCE	AGE	PURCHASE DATE		ANNUAL PROPERTY TAXES \$	
TOTAL SQ/FT	LOT SIZE	PURCHASE PRICE \$		PRESENT VALUE \$	
RENT Yes <input type="checkbox"/> No <input type="checkbox"/>	MONTHLY RENT \$	RENTAL MANAGEMENT Yes <input type="checkbox"/> No <input type="checkbox"/>		MAINTENANCE COSTS \$	

MORTGAGE HOLDER	MORTGAGE BALANCE	PAYMENT	FREQUENCY OF PAYMENT
MATURITY DATE	RATE TYPE Fixed / Variable	RATE	TERM
ORIGINAL BALANCE	MATURITY DATE	MORTGAGE NO.	MORTGAGE LIFE INSURANCE PMT. \$

PART V – Employment Details

Applicant 1:

CURRENT EMPLOYMENT STATUS			
<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed (Sole Proprietor) <input type="checkbox"/> Self Employed (Partnership or Inc.) <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			
EMPLOYER NAME	EMPLOYER TYPE (Industry)	PROFESSION	
EMPLOYER CONTACT (Address, Phone, Web)	HOW LONG (Years / Months)	GROSS ANNUAL EARNINGS \$	TAXABLE EARNINGS (Line 150 from tax return) \$
PREVIOUS EMPLOYMENT STATUS (only complete if current employment is less than 3 years)			
<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed (Sole Proprietor) <input type="checkbox"/> Self Employed (Partnership or Inc.) <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			
EMPLOYER NAME	EMPLOYER TYPE (Industry)	PROFESSION	
EMPLOYER CONTACT (Address, Phone, Web)	HOW LONG (Years / Months)	GROSS ANNUAL EARNINGS \$	TAXABLE EARNINGS (Line 150 from tax return) \$

Applicant 2:

CURRENT EMPLOYMENT STATUS			
<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed (Sole Proprietor) <input type="checkbox"/> Self Employed (Partnership or Inc.) <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			
EMPLOYER NAME	EMPLOYER TYPE (Industry)	PROFESSION	
EMPLOYER CONTACT (Address, Phone, Web)	HOW LONG (Years / Months)	GROSS ANNUAL EARNINGS \$	TAXABLE EARNINGS (Line 150 from tax return) \$
PREVIOUS EMPLOYMENT STATUS (only complete if current employment is less than 3 years)			
<input type="checkbox"/> Employee <input type="checkbox"/> Self Employed (Sole Proprietor) <input type="checkbox"/> Self Employed (Partnership or Inc.) <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Unemployed			
EMPLOYER NAME	EMPLOYER TYPE (Industry)	PROFESSION	
EMPLOYER CONTACT (Address, Phone, Web)	HOW LONG (Years / Months)	GROSS ANNUAL EARNINGS \$	TAXABLE EARNINGS (Line 150 from tax return) \$

Other Income (*pension, alimony, investment income, etc.*)

APPLICANT <input type="checkbox"/>	SOURCE OF INCOME	ANNUAL AMOUNT \$
APPLICANT <input type="checkbox"/>	SOURCE OF INCOME	ANNUAL AMOUNT \$
APPLICANT <input type="checkbox"/>	SOURCE OF INCOME	ANNUAL AMOUNT \$

PART VI – Assets (*excluding real estate*)

ASSET	DETAILS	VALUE
BANK ACCOUNT(S)		\$
RRSP'S		\$
INVESTMENT ACCOUNTS		\$
AUTOMOBILES		\$
HOUSEHOLD ASSETS		\$
BUSINESS ASSETS		\$
OTHER _____		\$
OTHER _____		\$

PART VII – Liabilities (*excluding mortgages*)

LIABILITIES (Credit Cards, Lines of Credit, Loans, etc.)	DETAILS	BALANCE
		\$
		\$
		\$
		\$
		\$

PART VIII – Advisors

LAWYER	NAME / FIRM	CONTACT INFO.
ACCOUNTANT	NAME / FIRM	CONTACT INFO.
FINANCIAL ADVISOR	NAME / FIRM	CONTACT INFO.
OTHER	NAME / FIRM	CONTACT INFO.

I/we warrant and confirm that the information provided in this Client Information Form is true and correct and I/we understand that it is being used to determine my/our credit responsibility. You are authorized to obtain any information you may require for these purposes from other sources (including, for example, credit bureaus) and each such source is hereby authorized to provide you with such information. I/we also understand that the information provided in the Client Information Form as well as other information you obtain in relation to my credit history may be disclosed to potential mortgage lenders, financial intermediaries, mortgage insurers as well as organizations providing technological or other support services required in relation to this application.

Applicant (Print)

Applicant (Signature)

Date Signed (dd / mm / yr)

Applicant (Print)

Applicant (Signature)

Date Signed (dd / mm / yr)

Mortgage Broker Contact Information

Andrew Macrae

Office: 250.878.8609

Fax: 888.883.3073

Email: andrew@mortgagefinancingbc.com

Rob Charney

Office: 250.469.1530

Fax: 888.883.3076

Email: rob@mortgagefinancingbc.com

Dan Oliver

Office: 250.270.9433

Fax: 888.827.2991

Email: dan@mortgagefinancingbc.com

Derek Diener

Office: 250.505.5850

Fax: 888.628.2867

Email: derek@mortgagefinancingbc.com