



APPLICANT INFORMATION

First Name:		Last Name:	
Date of Birth (MM/DD/YY):		SIN:	
Current Address:			
City:	Province:	Postal Code:	
Own	Rent	(Check one)	Monthly Payment: How Long?
Home Phone:		Cell Phone:	
Email:		Marital Status:	

EMPLOYMENT INFORMATION

Current Employer:			
Employer Address:			How Long?
City:	Province:	Postal Code:	
Phone:	Fax:	Annual Salary:	
<input type="checkbox"/> Check here if job type is hourly or commission based. If checked, please enter line 150 of your NOA for the previous 2 years:			
Position:		Email:	

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

First Name:		Last Name:	
Relationship to applicant:			
Date of Birth (MM/DD/YY):		SIN:	
Current Address:			
City:	Province:	Postal Code:	
Own	Rent	(Check one)	Monthly Payment: How Long?
Home Phone:		Cell Phone:	
Email:		Marital Status:	

EMPLOYMENT INFORMATION

Current Employer:			
Employer Address:			How Long?
City:	Province:	Postal Code:	
Phone:	Fax:	Annual Salary:	
Position:		Email:	
<input type="checkbox"/> Check here if job type is hourly or commission based. If checked, please enter line 150 of your NOA for the previous 2 years:			

MORTGAGE INFORMATION

Lender (Bank):	Interest Rate:
Mortgage Balance:	Monthly Payment:
Purchase Price:	Purchase Date:
Current Value:	Renewal Date:
Annual Property Taxes:	Included in mortgage? Yes _____ No _____ (check one)

2ND MORTGAGE (IF APPLICABLE)

Lender (Bank):	Outstanding Balance:
Interest Rate:	Monthly Payment: Renewal Date:



ASSETS

Type:	Amount:
Do you have RRSPs: Yes_____ No_____ (Check One)	
Do you have any Investments: Yes_____ No_____ (Check One)	
Do you have Insurance: Yes_____ No_____ (Check One)	

PROPERTY INFORMATION

Detached _____ Semi _____ Townhouse _____ High Rise Condo _____ (Check One)		
Monthly Maintenance / Condo Fee:		
Address:		
City:	Province:	Postal Code:
Lot Size: _____ /SQ FT	Living Size: _____ /SQ FT	
Garage Size: ATTACHED () DETACHED () SINGLE () __ _DOUBLE ()		

I authorize Canadian Mortgage Group Corp to obtain a credit report and/or to make any necessary inquiries regarding our mortgage application and/or to release this information to any lenders who may be interested in providing funds on your behalf as stated in the Canadian Mortgage Group Corp privacy policy. Our privacy policy is available at www.canadamgc.com or by calling us toll free 1-866-963-CMGC(2642).

Please note: A photo ID (Valid Driver's licence, Valid Passport etc.) for all applicants MUST accompany the application in order to proceed. Photo Health card not accepted.

Signature of applicant	Date
Signature of co-applicant, if for joint account	Date