



Please submit application to:
 James Loewen
 info@loewengroup.ca
 Ph: 289 337 4029
 GTA: 416 907 3173
 Fax: 866 433 1880

5044 Fairview St.
 Burlington, ON
 L7L0B4

MORTGAGE APPLICATION

Referral: _____

Applicant Information

Full Name		S.I.N.	Date of Birth	Dependants	Marital Status
Present Address			Postal Code	Rent/Own \$	No. Of Years
Previous Address: <i>(if less than 3 years at current)</i>				Rent/Own \$	No. Of Years
Home Phone:	Home Fax:		Cellular:		
Bus Phone:	Bus Fax:		Email:		
Current Employer	Years	Gross Annual Income	Occupation		
Previous Employer: <i>(if less than 3 years at current)</i>	Years	Gross Annual Income	Occupation		
1					
2					
Other Income: Source	Years	Income	Occupation		
Smoker? ____ Yes ____ No		First Time Buyer? ____ Yes ____ No			

Co-Applicant Information

Full Name		S.I.N.	Date of Birth	Marital Status
Address			Postal Code	Yrs
Home Phone:	Home Fax:		Cellular:	
Business Phone:	Bus Fax:		Email:	
Current Employer	Years	Gross Annual Income	Occupation	
Previous Employer: <i>(if less than 3 years at current)</i>	Years	Gross Annual Income	Occupation	
1				
2				
Other Income	Years	Gross Annual Income	Occupation	
Smoker? ____ Yes ____ No		First Time Buyer? ____ Yes ____ No		

Assets

Bank:	Location:	Type:	Balance: \$
Bank:	Location:	Type:	Balance: \$
RRSP:			Value: \$
Stocks/Bonds/GIC:			Value: \$
Automobile:			Value: \$
Automobile:			Value: \$
Other Assets:			Value: \$
Other Assets:			Value: \$
Other Assets:			Value: \$
Household Goods:			Value: \$

