

Personal Information													
<p>Title    <input type="checkbox"/> Mr.    <input type="checkbox"/> Mrs.    <input type="checkbox"/> Miss    <input type="checkbox"/> Ms.    <input type="checkbox"/> Dr.</p> <p>Last Name <input style="width: 90%;" type="text"/></p> <p>First and Initial <input style="width: 90%;" type="text"/></p> <p>Social Insurance Number <input style="width: 80%;" type="text"/></p> <p>Date of Birth <input style="width: 80%;" type="text"/> <small style="display: flex; justify-content: space-between; width: 80%;">Day                      Month                      Year</small></p>	<p style="text-align: center; background-color: #4a69bd; color: white; margin-bottom: 5px;">Co-Applicant</p> <p>Title    <input type="checkbox"/> Mr.    <input type="checkbox"/> Mrs.    <input type="checkbox"/> Miss    <input type="checkbox"/> Ms.    <input type="checkbox"/> Dr.</p> <p>Last Name <input style="width: 90%;" type="text"/></p> <p>First and Initial <input style="width: 90%;" type="text"/></p> <p>Social Insurance Number <input style="width: 80%;" type="text"/></p> <p>Date of Birth <input style="width: 80%;" type="text"/> <small style="display: flex; justify-content: space-between; width: 80%;">Day                      Month                      Year</small></p>												
<p>Current Address <input style="width: 95%;" type="text"/> <small style="display: flex; justify-content: space-between; width: 95%;">Street Number and Name                      Apt/Suite                      City                      Province                      Postal Code</small></p> <p>How long have you lived there? <input style="width: 20%;" type="text"/> Years    <input style="width: 20%;" type="text"/> Months    Home Telephone <input style="width: 20%;" type="text"/>    Business Telephone <input style="width: 20%;" type="text"/> ext. <input style="width: 20%;" type="text"/></p> <p>Previous Address <input style="width: 95%;" type="text"/> <small style="display: flex; justify-content: space-between; width: 95%;">If less than 3 years at current address                      Street Number and Name                      Apt/Suite                      City                      Province                      Postal Code</small></p> <p>Are you:    <input type="checkbox"/> Married    <input type="checkbox"/> Single    <input type="checkbox"/> Widowed    <input type="checkbox"/> Common-Law    <input type="checkbox"/> Divorced    <input type="checkbox"/> Separated</p> <p>Number of Dependents <input style="width: 20%;" type="text"/></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name <input style="width: 90%;" type="text"/></td> <td style="width: 10%;">Age</td> <td style="width: 65%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Name <input style="width: 90%;" type="text"/></td> <td>Age</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Name <input style="width: 90%;" type="text"/></td> <td>Age</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Name <input style="width: 90%;" type="text"/></td> <td>Age</td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>		Name <input style="width: 90%;" type="text"/>	Age	<input style="width: 95%;" type="text"/>	Name <input style="width: 90%;" type="text"/>	Age	<input style="width: 95%;" type="text"/>	Name <input style="width: 90%;" type="text"/>	Age	<input style="width: 95%;" type="text"/>	Name <input style="width: 90%;" type="text"/>	Age	<input style="width: 95%;" type="text"/>
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Employment History																									
<p>Are you self-employed? (Check 'Yes' if more than 3 years)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Employer Name <input style="width: 90%;" type="text"/></p> <p>Address <input style="width: 90%;" type="text"/></p> <p>Occupation <input style="width: 90%;" type="text"/></p> <p>How long? <input style="width: 20%;" type="text"/> Years    <input style="width: 20%;" type="text"/> Months</p> <p>Annual Income \$ <input style="width: 20%;" type="text"/>    <input type="checkbox"/> Hourly    <input type="checkbox"/> Salary</p> <p>Other Income Source    details (i.e. Type, how long, amount)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Part-time</td> <td><input style="width: 85%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Rental</td> <td><input style="width: 85%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Alimony/Child Support</td> <td><input style="width: 85%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Pension</td> <td><input style="width: 85%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Business</td> <td><input style="width: 85%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Investment</td> <td><input style="width: 85%;" type="text"/></td> </tr> </table> <p>Previous Employer <input style="width: 90%;" type="text"/></p> <p>Address <input style="width: 90%;" type="text"/></p> <p>Occupation <input style="width: 90%;" type="text"/></p> <p>Annual Income \$ <input style="width: 20%;" type="text"/>    <input type="checkbox"/> Hourly    <input type="checkbox"/> Salary</p>	<input type="checkbox"/> Part-time	<input style="width: 85%;" type="text"/>	<input type="checkbox"/> Rental	<input style="width: 85%;" type="text"/>	<input type="checkbox"/> Alimony/Child Support	<input style="width: 85%;" type="text"/>	<input type="checkbox"/> Pension	<input style="width: 85%;" type="text"/>	<input type="checkbox"/> Business	<input style="width: 85%;" type="text"/>	<input type="checkbox"/> Investment	<input style="width: 85%;" type="text"/>	<p style="text-align: center; background-color: #4a69bd; color: white; margin-bottom: 5px;">Co-Applicant</p> <p>Is the Co-Applicant self-employed? (If more than 3 years)    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Employer Name <input style="width: 90%;" type="text"/></p> <p>Address <input style="width: 90%;" type="text"/></p> <p>Occupation <input style="width: 90%;" type="text"/></p> <p>How long? <input style="width: 20%;" type="text"/> Years    <input style="width: 20%;" type="text"/> Months</p> <p>Annual Income \$ <input style="width: 20%;" type="text"/>    <input type="checkbox"/> Hourly    <input type="checkbox"/> Salary</p> <p>Other Income Source    details (i.e. Type, how long, amount)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Part-time</td> <td><input style="width: 85%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Rental</td> <td><input style="width: 85%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Alimony/Child Support</td> <td><input style="width: 85%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Pension</td> <td><input style="width: 85%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Business</td> <td><input style="width: 85%;" type="text"/></td> </tr> <tr> <td><input type="checkbox"/> Investment</td> <td><input style="width: 85%;" type="text"/></td> </tr> </table> <p>Previous Employer <input style="width: 90%;" type="text"/></p> <p>Address <input style="width: 90%;" type="text"/></p> <p>Occupation <input style="width: 90%;" type="text"/></p> <p>Annual Income \$ <input style="width: 20%;" type="text"/>    <input type="checkbox"/> Hourly    <input type="checkbox"/> Salary</p>	<input type="checkbox"/> Part-time	<input style="width: 85%;" type="text"/>	<input type="checkbox"/> Rental	<input style="width: 85%;" type="text"/>	<input type="checkbox"/> Alimony/Child Support	<input style="width: 85%;" type="text"/>	<input type="checkbox"/> Pension	<input style="width: 85%;" type="text"/>	<input type="checkbox"/> Business	<input style="width: 85%;" type="text"/>	<input type="checkbox"/> Investment	<input style="width: 85%;" type="text"/>
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## Property Mortgage Details

<b>Purpose:</b> <input type="checkbox"/> Purchase For 1st Home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refinance <input type="checkbox"/> Transfer <input type="checkbox"/> New Construction (Completion) <input type="checkbox"/> New Construction (CMHC Draws) <input type="checkbox"/> Equity Take-Out please state reason <input type="text"/>	<b>Term</b> <input type="text"/> <b>Years</b>	<b>Amortization</b> <input type="text"/> <b>Years</b>
	<b>Closing Date</b> <input type="text"/>	<b>Required Mortgage Amount</b> \$ <input type="text"/>
	<b>Downpayment</b> \$ <input type="text"/>	<b>Source of Downpayment</b> <input type="text"/>
	<b>Payment Frequency:</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	
	<b>Add Property Tax to payment:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Address**       
Street Number and Name Apt/Suite City Province Postal Code

**Zoned:**  Residential  Other

**Legal Description:** Lot #  Plan#  Block

<b>Property Type:</b> <input type="checkbox"/> Detached Single <input type="checkbox"/> Semi-detached <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Fourplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Townhouse – Condo Unit <input type="checkbox"/> Apartment – Condo Unit <input type="checkbox"/> Other <input type="text"/> specify	<b>Occupancy Type:</b> <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental <b>Purchase Date</b> <input type="text"/> <b>Estimated Value Or Purchase Price</b> \$ <input type="text"/>	<b>Lot Size</b> <input type="text"/> <b>Bldg Size</b> <input type="text"/> sq.ft. <b>Condition</b> <input type="text"/> <b>Age</b> <input type="text"/> <b>Tenure:</b> <input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/> Condo <b>Heating Type</b> <input type="text"/>
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<b>Construction:</b> <input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Insul-brick <input type="checkbox"/> Aluminium <input type="checkbox"/> Concrete <input type="checkbox"/> Stone <input type="checkbox"/> Vinylsiding <input type="checkbox"/> Stucco <input type="checkbox"/> WoodFrame <input type="checkbox"/> Log <input type="checkbox"/> Other	<b>Water Type:</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Well <b>Garage:</b> <input type="checkbox"/> None <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Underground <input type="checkbox"/> Other <b>Pool:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Type:</b> <input type="text"/>	<b>Sewer:</b> <input type="checkbox"/> Municipal <input type="checkbox"/> Septic <b>Basement:</b> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Finished <input type="checkbox"/> Unfinished <input type="checkbox"/> Crawl <input type="checkbox"/> None <b>Insulation Type:</b> <input type="checkbox"/> No UFFI <input type="checkbox"/> UFFI	<b>Number of Stories</b> <input type="text"/>
			<b>Number of Kitchens</b> <input type="text"/>
			<b>Number of Bathrooms</b> <input type="text"/>
			<b>Number of Rooms</b> <input type="text"/>
			<b>Number of Bedrooms</b> <input type="text"/>
			<b>Monthly Condo Fees</b> \$ <input type="text"/>
			<b>Annual Property Taxes</b> \$ <input type="text"/>
			<b>Annual Heating Cost</b> \$ <input type="text"/>

## Financial Resources

Type	Amount	Name of Bank/ Institution	Monthly Payment	Outstanding Balance
Cash in bank-Savings/Chequing	\$	Credit Card	\$	\$
Term Deposit/GIC	\$	Credit Card	\$	\$
Stocks/Bonds	\$	Credit Card	\$	\$
RRSPs/RFs	\$	Support/Alimony	\$	\$
Deposit with offer	\$	Line of Credit	\$	\$
Principal Residence	\$	Existing 1st Mortgage	\$	\$
Other Real Estate	\$	Maturity Date: Term / Rate: Amortization:		
Description:		Existing 2nd Mortgage	\$	\$
Automobile (Value)	\$	Maturity Date: Term / Rate: Amortization:		
Maker: Type: Year:		Bank Loan	\$	\$
2nd Automobile (Value)	\$	Bank Loan	\$	\$
Maker: Type: Year:		Bank Loan	\$	\$
Personal Effects (contents of home)	\$	Outstanding Income Taxes	\$	\$
		Other	\$	\$
		Monthly Rent (if applicable)	\$	

Bank Reference	Address
Phone Number	Account Number

## Legal Information

Name of Solicitor (N/A for Transfers)	Solicitor's Firm
Address	Phone # Fax #

Have you ever declared bankruptcy?

Yes Amount \$ If yes, please explain

No Discharge Date

I understand that the mortgage will be conditional upon receipt of accepted offer to purchase (if purchasing a property), a satisfactory appraisal, the property meeting the lenders residential mortgage standards, written confirmation of income and employment, downpayment verification, and a credit review. KING WEST FINANCIAL MAY FROM TIME TO TIME GIVE ANY CREDIT AND OTHER INFORMATION ABOUT ME/US, INCLUDING ANY INFORMATION ON THIS FORM, TO OR RECEIVE SUCH INFORMATION FROM: (A) ANY CREDIT BUREAU OR REPORTING AGENCY; (B) ANY PERSON WITH WHOM I/WE MAY HAVE OR PROPOSE TO HAVE FINANCIAL DEALINGS; AND (C) ANY PERSON IF IN CONNECTION WITH ANY DEALINGS I/WE MAY HAVE OR PROPOSE TO HAVE WITH KING WEST FINANCIAL. I /we agree that KING WEST FINANCIAL may use that information to establish and maintain my/our relationship with KING WEST FINANCIAL and to offer any services permitted by law. I certify that the above information is true and complete.

Date Signature Signature