

MORTGAGE DETAILS	MORTGAGE #
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Purpose: <input type="checkbox"/> Purchase <input type="checkbox"/> Purchase - Preapproval <input type="checkbox"/> Assumption <input type="checkbox"/> Same Balance or Less <input type="checkbox"/> Equity Take-Out <input type="checkbox"/> Title Transfer <input type="checkbox"/> Increase In Balance	Closing Date:
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If Equity Take-Out, specify reason:

Term: Yrs.	Amortization: Yrs.	Required Mortgage Amount \$	Downpayment: \$	Source of Downpayment:
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Payment Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Add Property tax to payment: <input type="checkbox"/> Yes <input type="checkbox"/> No
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PERSONAL INFO	PRINCIPAL APPLICANT	CO-APPLICANT
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First Name:		Middle:		Middle:	
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Surname:		Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other <input type="checkbox"/> _____		Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other <input type="checkbox"/> _____	
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Phone:	Home:()	Bus:()	Home:()	Bus:()
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Birthdate (D/M/Y):		Sin#		Sin#	
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#Dependants:		Age(s):		Age(s):	
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Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
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Current Address:	Address _____ City _____		Address _____ City _____	
	Prov _____	Postal Code _____	How Long?	How Long?
	Monthly \$:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Relatives/ Others	Monthly \$:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Relatives/ Others

Former Address: (required if less than 3 years at current address)	Address _____ City _____		Address _____ City _____	
	Prov _____	Postal Code _____	How Long?	How Long?
	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Relatives/Others		<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Relatives/Others	

LEGAL INFORMATION			
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Name of Solicitor:	Address:	Phone #:	Fax #:
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EMPLOYMENT HISTORY				
Employment: (Min. 3 Yrs)	Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:				
Address:				
Occupation:		How Long?		How Long?
Annual Income:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Amount: \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Amount: \$
	Commission: \$	Bonus: \$	Commission: \$	Bonus: \$
Other Income: Source	<input type="checkbox"/> Parttime <input type="checkbox"/> Rental <input type="checkbox"/> Alimony/Child Support <input type="checkbox"/> Pension <input type="checkbox"/> Business <input type="checkbox"/> Investment		<input type="checkbox"/> Parttime <input type="checkbox"/> Rental <input type="checkbox"/> Alimony/Child Support <input type="checkbox"/> Pension <input type="checkbox"/> Business <input type="checkbox"/> Investment	
Details -	How Long?	Amount\$	How Long?	Amount\$
Previous Employer:				
Occupation:		How Long?		How Long?
Annual Income:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Amount: \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Amount: \$
	Commission: \$	Bonus: \$	Commission: \$	Bonus: \$

PROPERTY INFORMATION				
Address			Unit #:	
City:	Prov.:	Postal Code:	Zoned <input type="checkbox"/> Residential <input type="checkbox"/> Other	
Legal Description Lot #:	Plan#:	Block:		
Property Type:	<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, specify _____			
Occupancy Type: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental	Estimated Value or Purchase Price: \$	Purchase Date:		
Lot Size:	Bldg Size: sqft	Condition:	Tenure: <input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/> Condo	
Age:	Heating Type:	Construction <input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Insul-brick <input type="checkbox"/> Aluminium <input type="checkbox"/> Concrete Type: <input type="checkbox"/> Stone <input type="checkbox"/> Vinylsiding <input type="checkbox"/> Stucco <input type="checkbox"/> WoodFrame <input type="checkbox"/> Log <input type="checkbox"/> Other _____		
Water Type: <input type="checkbox"/> Municipal <input type="checkbox"/> Well	Sewers: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic	Basement: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Finished <input type="checkbox"/> Crawl <input type="checkbox"/> None <input type="checkbox"/> Unfinished		
Garage: <input type="checkbox"/> None <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Other				Pool: <input type="checkbox"/> No <input type="checkbox"/> Yes Type
# Stories:	# Kitchens:	# Bathrooms:	# Rooms:	# Bedrooms:
Insul Type: <input type="checkbox"/> No UFFI <input type="checkbox"/> UFFI	Monthly Condo Fees: \$	Annual Heating Cost: \$	Annual Property Taxes: \$	

MAILING ADDRESS INFORMATION				
PRINCIPAL APPLICANT - <input type="checkbox"/> Same as property. Otherwise, please complete section below.				
Address			Unit #:	
City:	Prov.:	Postal Code:		
MAILING ADDRESS INFORMATION				
Co- APPLICANT - <input type="checkbox"/> Same as property. Otherwise, please complete section below.				
Address			Unit #:	
City:	Prov.:	Postal Code:		

FINANCIAL INFORMATION

Have you ever declared bankruptcy?

Yes No if yes, Amount \$

If yes, please explain:

Discharge Date:

Bank Reference:

Address:

Phone #.:

Account #:

Account #:

Which CIBC Branch do you prefer to deal with?

ASSETS

LIABILITIES

NAME OF BANK/INSTITUTION

MONTHLY PAYMENT

OUTSTANDING BALANCE (*)

Cash in bank-
Savings/Chequing:

\$

Credit Card

\$

\$

Term Deposit/GIC:

\$

Credit Card

\$

\$

Stocks/Bonds:

\$

Credit Card

\$

\$

RRSP:

\$

Support/Alimony

\$

\$

Deposit with offer:

\$

Line of Credit

\$

\$

Principal Residence:

\$

Existing 1st Mortgage

\$

\$

Other Real Estate:

\$

Existing 2nd Mortgage

\$

\$

Description (for Other Real Estate):

Other Mortgage

\$

\$

Automobile (Value)

\$

Bank Loan

\$

\$

Make/Type/Year

Bank Loan

\$

\$

Second Automobile(Value)

\$

Vehicle Lease

\$

\$

Make/Type/Year

Vehicle Lease

\$

\$

Personal Effects (contents of home)

\$

Outstanding Income Taxes

\$

\$

Other:

\$

Other

\$

\$

(*) Those debts to be paid out on closing

DATE: _____

SIGNATURE: _____

SIGNATURE: _____