



Note: To complete this application form you have 2 options:
 1- Complete in your PC, print, sign, and send back
 2- Print, complete manually, sign, and send back

By mail: 23 Eagleridge Dr. – Brampton, ON, L6R 1G6, by Fax 647-247-7958, by email: info@alfagroupcanada.com

Applicant Information:

Fields marked with * must be completed

*Full Name:		*S.I.N.	*Birthday DD/MM/YY	Dependants	*Marital Status
*Present Address:		*City	*Postal Code	Rent/Own \$:	*No. Of Years
Previous Address: <i>(if less than 3 years at current)</i>		City	Postal Code	Rent/Own \$:	No. Of Years
*Home Phone:	Home Fax:		Cellular:		
*Current Employer Name	*Years	*Gross Annual Income	*Occupation		
*Address:		*City:		*Postal Code	
*Work Phone:	Work Fax:		*Email:		
Previous Employer: <i>(if less than 3 years at current)</i>	Years	Gross Annual Income	Occupation		
Other Income: Source	Years	Income	Occupation		
Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No					
First Time Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Co-Applicant Information:

*Full Name:		*S.I.N.	*Birthday DD/MM/YY	*Marital Status	
Address: <i>(if not same as Applicant)</i>			City:	Postal Code	Years
*Home Phone:	Home Fax:		Cellular:		
*Work Phone:	Work Fax:		Email:		
*Current Employer Name	*Years	*Gross Annual Income	*Occupation		
*Address:		*City:		*Postal Code	
Previous Employer: <i>(if less than 3 years at current)</i>	Years	Gross Annual Income	Address		
Smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No					
First Time Buyer? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Assets:

*Bank:	*Type: <input type="checkbox"/> Checking <input type="checkbox"/> Saving	*Balance: \$
RRSP:		Value: \$
Stocks/Bonds/GIC:		Value: \$
*Automobile:		Value: \$
*Household Goods:		Value: \$

Liabilities:

Bank Loan/LOC	Limit: \$	Balance: \$	Payment: \$
Credit Card Type:	Limit: \$	Balance: \$	Payment: \$
Other Debt:	Limit: \$	Balance: \$	

Current Mortgage/Property Owned: if this is a refinance fields marked with * must be completed

*Address:		*Property Value: \$		
*Existing Mortgage Bank/Lender:		*Mortgage Balance: \$		
*Mortgage Rate: %	*Mortgage Payments: \$	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly	Rental Income: \$	* Property Tax of current year:

I/We warrant and confirm that the information given in the mortgage application form is true and correct and I/We understand that it is being used to determine my/our credit responsibility. I/We authorize Dominion Lending Centers - DLC Mortgage Plus to obtain and/or exchange personal information with any personal information agent towards establishing or verifying my financial standing. You are furthermore authorized to disclose, in response to direct enquiries from any other lender or credit bureau, such information on my loaning account as you consider appropriate, and I agree to indemnify you against and save you harm from any and all claims in damages or otherwise arising from such disclosure on your part. You are also authorized to retain the application whether or not the relative mortgage is approved.

** Applicant

*Signature

*Date:

Co-Applicant

Signature

Date:

**** Without Signatures of applicants we are not allowed to process your application**

Notes:

Send Completed forms:

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