

MORTGAGE APPLICATION

Dominion Lending Centres/Alta Pacific

306 Water Street, Unit 1 - Vancouver, BC Canada – V6B 1B6 || 301, 10824 – 82nd Avenue – Edmonton, AB Canada – T6E 1Z8

Telephone: 778.328.7401 || Fax: 604.608.5466

We use this form solely for the purpose of mortgage qualification. Once filled out, it will remain strictly confidential. The information will be used to quickly verify your credit rating. Please complete this form to provide your info to the best of your ability to help us get started on finding the best mortgage for you. You can also save this blank form to your computer and complete it later when you have more time.

This form is multi-purpose which means you can use it for any of the following transactions: home purchase or pre-approval to purchase; refinance existing mortgage to get cash out for any reason including credit card debt consolidation; obtain a second mortgage; renew existing mortgage and more.

Print additional pages as required. If you own more than one property -- print additional "Existing Properties" page.

Purpose of this application

Refinance Existing Mortgage

Referred by

James Wilson

1) APPLICANT DETAILS - If there is or will be more than one person on the title of the property to be mortgaged then each person must complete this section. However, assets and existing properties sections don't have to be completed by other applicant if they are joint with the main applicant. You can also use these pages to provide guarantor details if you plan to have one

Salutation

Ms.

First Name

Jennifer

Initial

L

Last Name

Rodriguez

Birth Date

22/07/1982

SIN (Optional)

987-654-321

Marital Status

Single

Work Number

604-555-8765

Cell Number

778-555-3456

Home Number

604-555-2345

Email Address

jennifer.rodriguez@email.com

Contact Method

Cell

Dependents

1

Current Address

Unit #

305

Street # and Street Name

789 Oak Drive

City

Richmond

Province

BC

Postal Code

V7C 4R8

Status

Own

Rent Payment

\$1,850

Time at Residence: Years5Months3

Previous Address (Complete only if less than 3 years at current address)

Unit #

201

Street # and Street Name

567 Pine Street

City

Surrey

Province

BC

Postal Code

V3T 2C4

Status

Renting

Rent Payment

\$1,650

Time at Residence: Years2Months4

Current Employment History

Employer Name

HealthCare Partners Ltd.

Employer Address

1200 Broadway

City

Vancouver

Province

BC

Postal Code

VST 1W8

Type

Full-time

Job Title

Clinical Director

Occupation

Physical Therapist

Industry Sector

Healthcare

Income Type

Salary

Income Amount

\$98,500

Time at Job:

Years

6

Months

7

Time in Industry:

Years

10

Months

2

Previous Employment History (Complete only if less than 3 years with current employer)

Employer Name

General Hospital

Employer Address

350 West 10th Avenue

City

Vancouver

Province

BC

Postal Code

VS2 1M9

Type

Full-time

Job Title

Staff Therapist

Occupation

Physical Therapist

Industry Sector

Healthcare

Income Type

Salary

Income Amount

\$78,200

Time at Job:

Years2

Months10

Time in Industry:

Years2

Months10

Existing Insurance Coverage

Life Insurance

\$250,000

Disability Insurance

\$4,200/month

Critical Illness Insurance

\$75,000