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 then one property -- print additional "Existing Properties" page.

Referred by James Jülisan 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 saturation Saturation Mr. First Name Jannifer Initial L Last Name Redriguez Birth Date 22/07/1982 SIN (Optional) 4927-654-321 Merital Status Single Work Number 604-555-8765 Cell Number 778-555-3956 Home Number 604-555-2345 Email Address Jennifer and injuez@email.com	
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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 jemifer.rodriguez@email.com	First Name
Last Name Rodriguez Birth Date 22/07/1/982 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	Jennifer
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Home Number 604-555-2345 Email Address jennifer.rodriguez@email.com Contact Method	Cell Number
Email Address jennifer.rodriguez@email.com Contact Method	778-555-3456
Email Address jennifer.rodriguez@email.com Contact Method	Home Number
jennifer.rodriguez@email.com Contact Method	604-555-2345
Contact Method	Email Address
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ВС		
Postal Code		
VST IW8		
Туре		
Full-time		
Job Title		
Clinical Director		
Occupation		
Physical Therapist		
Industry Sector		
Healthcare		
Income Type		
Income Type Salary		
Income Amount		
\$98,500		
Time at Job:	Time in I	ndustry:
Years 6 Months 7	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		
350 West 10th Avenue City		
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350 West 10th Avenue City		
350 West 10th Avenue City Vancouver		
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City Vancouver Province BC Postal Code VS2 IM9 Type Full-time Job Title Staff Therapist Occupation Physical Therapist Industry Sector Healthcare		
City Vancouver Province BC Postal Code VS2 IM9 Type Full-time Job Title Staff Therapist Occupation Physical Therapist Industry Sector Healthcare		

Time at Job:	Time in Industry:
Years 2 Months 10	Years 2 Months 10
Existing Insurance Coverage	
Life Insurance	
\$250,000	
Disability Insurance	
\$4,200/month	
Critical Illness Insurance	
\$75,000	
\$75,000 	