



Brokers for Life Inc.

**PERSONAL INFORMATION**

PRINCIPAL APPLICANT			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss
First Name			
Middle Name			
Last Name			
Date of Birth			mm/dd/yyyy
SIN			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other ( <i>specify</i> )		
Number of Dependants			

CO-APPLICANT ( <i>if necessary</i> )			
Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Miss
First Name			
Middle Name			
Last Name			
Date of Birth			mm/dd/yyyy
SIN			
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other ( <i>specify</i> )		
Number of Dependants			

CURRENT ADDRESS			
Street			
City			
Province			
Postal Code			
Years there		<input type="checkbox"/> Own	<input type="checkbox"/> Rent
Monthly payment or rent			
Home Phone			
Cell Phone			
Work Phone			ext
Fax			
Email			
<i>If less than 3 years, please provide your previous address</i>			
Street			
City			
Province			
Postal Code			
Years there		<input type="checkbox"/> Owned	<input type="checkbox"/> Rented

CURRENT ADDRESS			
Street			
City			
Province			
Postal Code			
Years there		<input type="checkbox"/> Own	<input type="checkbox"/> Rent
Monthly payment or rent			
Home Phone			
Cell Phone			
Work Phone			ext
Fax			
Email			
<i>If less than 3 years, please provide your previous address</i>			
Street			
City			
Province			
Postal Code			
Years there		<input type="checkbox"/> Owned	<input type="checkbox"/> Rented

## EMPLOYMENT INFORMATION

PRINCIPAL APPLICANT			CO-APPLICANT		
Current Employer	Current Employer		Current Employer		
Street Address	Street Address		Street Address		
City	City		City		
Province	Province		Province		
Postal Code	Postal Code		Postal Code		
Position	Position		Position		
Income Type	Income Type		Income Type	<input type="checkbox"/> Salary <input type="checkbox"/> Contract <input type="checkbox"/> Self	
Annual Income	Annual Income		Annual Income		
Years there		Years there	Years there		
<i>If less than 3 years, please provide your previous employer</i>					
Previous Employer	Previous Employer		Previous Employer		
Street Address	Street Address		Street Address		
City	City		City		
Province	Province		Province		
Postal Code	Postal Code		Postal Code		
Position	Position		Position		
Income Type	Income Type		Income Type	<input type="checkbox"/> Salary <input type="checkbox"/> Contract <input type="checkbox"/> Self	
Years there		Years there	Years there		
Other Sources of Income					
Description	Description		Description		
Amount	Amount		Amount		

## ASSETS

PRINCIPAL APPLICANT		Balance	CO-APPLICANT		Balance
Savings Account Balance			Savings Account Balance		
Chequing Account Balance			Chequing Account Balance		
RRSP Balance			RRSP Balance		
Stocks/Bonds			Stocks/Bonds		
Vehicle(s) Value			Vehicle(s) Value		
Residence			Residence		
Other Real Estate			Other Real Estate		
Other			Other		
<b>Name of Financial Institution (your bank) – add below</b>					
Street Address			Street Address		
City			City		
Province			Province		
Postal Code			Postal Code		

## LIABILITIES

PRINCIPAL APPLICANT	Balance	Monthly Payment
Mortgage		
Credit Cards ( <i>all cards</i> )		
RRSP Loan		
Automobile Loan(s)		
Bank Loan(s)		
Other		
Other		
Other		
<b>Name of Mortgage Bank, if applicable</b>		
Street Address		
City		
Province		
Postal Code		

CO-APPLICANT	Balance	Monthly Payment
Mortgage		
Credit Cards ( <i>all cards</i> )		
RRSP Loan		
Automobile Loan(s)		
Bank Loan(s)		
Other		
Other		
Other		
<b>Name of Mortgage Bank, if applicable</b>		
Street Address		
City		
Province		
Postal Code		

Mortgage Information	
<b>Property Address</b>	
Street Address	
City	
Province	
Postal Code	
Purchase Price/Market Value	
Down Payment/Equity	
Loan	
Subject Removal Date	
Completion Date	
Building Type	<input type="checkbox"/> House <input type="checkbox"/> Condo <input type="checkbox"/> Apt <input type="checkbox"/> Twnhse <input type="checkbox"/> Duplex. <input type="checkbox"/> Other
Specify Other	

We hereby certify that the information given in my/our mortgage application is complete, correct and is given for the purpose of obtaining the mortgage loan and/or financial services applied for.

I/We authorize the receipt and exchange of information about me/us with your affiliates from time to time as you deem appropriate and to the sharing or exchange of reports and information with the credit reporting agencies, credit bureaus, mortgage insurers, and/or any other person, corporation, firm or enterprise with whom I/We have or propose to have a financial relationship.

Signature of Applicant	Date
Signature of Co-Borrower, <i>if applicable</i>	Date