

TELL US ABOUT YOURSELF

MARRIED
 SINGLE
 COMMON LAW
 DIVORCED
 SEPARATED
 WIDOWED

FIRST NAME		INITIALS	LAST NAME		NUMBER OF DEPENDENTS		
HOME ADDRESS			APT. #	CITY	PROVINCE	POSTAL CODE	# YEARS
SOCIAL INSURANCE NUMBER <small>(Optional)</small>	DATE OF BIRTH (MM/DD/YY) / /	HOME TELEPHONE ()		MOBILE TELEPHONE ()		EMAIL ADDRESS	
DO YOU HAVE ANY JUDGMENTS OR LEGAL PROCEEDINGS AGAINST YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO							
HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE DISCHARGED (MM/DD/YY):							

TELL US ABOUT YOUR MORTGAGE REQUEST

<input type="checkbox"/> PURCHASE OR <input type="checkbox"/> REFINANCE		PURPOSE (Debt consolidation, home improvements, etc)					
DATE SUBMITTED (MM/DD/YY) / /	FUNDS REQUIRED BY (MM/DD/YY) / /	AMORTIZATION (Cannot exceed 40 yrs)			AMOUNT REQUESTED \$		

TELL US ABOUT YOUR EMPLOYMENT

ANNUAL INCOME (BEFORE TAX) \$	OTHER INCOME \$	CURRENT EMPLOYER NAME			OCCUPATION		
EMPLOYER ADDRESS		SUITE #	CITY	PROVINCE	POSTAL CODE	# YEARS	
BUSINESS TELEPHONE ()	PREVIOUS EMPLOYER (IF LESS THAN 2 YEARS)				ARE YOU SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

TELL US ABOUT THE CO-APPLICANT

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FIRST NAME		INITIALS	LAST NAME		NUMBER OF DEPENDENTS		
HOME ADDRESS			APT. #	CITY	PROVINCE	POSTAL CODE	# YEARS
SOCIAL INSURANCE NUMBER <small>(Optional)</small>	DATE OF BIRTH (MM/DD/YY) / /	HOME TELEPHONE ()		MOBILE TELEPHONE ()		EMAIL ADDRESS	
ANNUAL INCOME (BEFORE TAX) \$	OTHER INCOME \$	CURRENT EMPLOYER NAME			OCCUPATION		
EMPLOYER ADDRESS		SUITE #	CITY	PROVINCE	POSTAL CODE	# YEARS	
BUSINESS TELEPHONE ()	PREVIOUS EMPLOYER (IF LESS THAN 2 YEARS)				ARE YOU SELF-EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

TELL US ABOUT THE PROPERTY

<input type="checkbox"/> DETACHED <input type="checkbox"/> SEMI-DETACHED <input type="checkbox"/> DUPLEX <input type="checkbox"/> CONDO <input type="checkbox"/> HIGHRISE <input type="checkbox"/> TOWNHOUSE					<input type="checkbox"/> OWNER OCCUPIED <input type="checkbox"/> RENTED: INCOME \$ _____		
PROPERTY ADDRESS				LOT #	PLAN #	LOT SIZE (FEET) X	
ANNUAL PROPERTY TAXES \$	MONTHLY CONDO FEES \$	CONSTRUCTION (E.G. BRICK)		AGE	NUMBER OF ROOMS		
CHECK ALL THAT APPLY: <input type="checkbox"/> HYDRO <input type="checkbox"/> MUNICIPAL WATER <input type="checkbox"/> WELL <input type="checkbox"/> SEWERS <input type="checkbox"/> SEPTIC TANK <input type="checkbox"/> PAVED ROAD <input type="checkbox"/> UFFI							
ANTICIPATED CLOSING DATE (MM/DD/YY) / /		PURCHASE PRICE \$		CASH DOWNPAYMENT \$		ESTIMATED VALUE \$	
SOLICITOR (LAWYER) NAME					SOLICITOR (LAWYER) PHONE NUMBER ()		

TELL US ABOUT YOUR FINANCIAL INFORMATION

BANK/FINANCIAL INSTITUTION NAME		BRANCH / ADDRESS				
ACCOUNT NUMBER		ACCOUNT TYPE				
ASSETS	DESCRIPTION	AMOUNT	LIABILITIES	OWING TO	AMOUNT	
	MOTOR VEHICLE #1 MAKE/MODEL/YEAR	\$		MORTGAGES	BALANCE	\$
	MOTOR VEHICLE #2 MAKE/MODEL/YEAR	\$			MONTHLY PAYMENT	\$
	OTHER REAL ESTATE	\$		LOANS AND CREDIT CARDS	BALANCE	\$
	STOCKS	\$			MONTHLY PAYMENT	\$
	BONDS, CASH	\$		OTHER DEBTS	BALANCE	\$
	OTHER ASSETS	\$			MONTHLY PAYMENT	\$
			RENT/CONDO FEES	BALANCE	\$	
				MONTHLY PAYMENT	\$	

APPLICATION TERMS

I certify that the information given in this application is true and correct and I consent to the collection and use of credit and personal information as set out below.

Personal Information: You may collect credit, identity and financially related information about me during the course of my relationship with you from credit bureau, other financial institutions and references ("Information"). You may also disclose Information to credit bureau, financial institutions, and to outside providers of mortgage services. You and those parties may use Information to identify me, understand my needs and eligibility for this application and for other services and to recommend and market particular products and services. You are also authorized to retain this application whether or not the application is approved.

Information collected will be kept in a separate customer file managed by Home Trust Company at its offices in Toronto, Ontario. I have a right to access this Information. I may obtain your privacy code, ask you to correct Information, or tell you to stop using Information for any of these purposes at any time by calling you toll free at 1-866-817-7719 or by sending a written request to: Corporate Compliance, 145 King Street West, Suite 2300, Toronto, Ontario, M5H 1J8.

Co-Applicant Consent: Where there is a Co-Applicant on this Account, you are each entitled to receive separate disclosure documents and statements mailed or otherwise delivered to the address each of you designates. This includes the initial cost of borrowing disclosure statement, each annual loan statement and any notice of change in payment frequency, interest rate or other matters as well as renewal offers and notices (together called "Statements" in this consent form). You will each receive in separate envelopes a copy of all Statements unless you consent to Home Trust Company sending you only one copy.

You may choose to receive only one copy of Statements by initialling the box below:

Initial ____ **We consent to one copy of Statements being sent to us at the mortgaged property address set out in this Application or such new address as we at a later time may give to you.**

You may by notice to us at any time alter this consent to thereafter have Statements sent to each Co-Applicant at the address he or she provides. You may contact us for further information regarding this matter at 1-877-903-2133.

Québec: Je veux que cette demande ainsi que tous les documents rapportant au prêt hypothécaire soient rédigés en anglais. I want this application and all other loan documentation in English.

I apply for a Home Trust Mortgage Account and agree to these terms.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____