

APPLICATION for MORTGAGE INSURANCE

Note: Information stated on this application must be as complete and accurate as possible.

Please Print Clearly

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Originating Mortgage Representative				Reference Number	
First Name	Initial	Last Name	Telephone Number		E-mail Address
			Area Code	Phone Number	

Lender Information

Lender Reference Number	Financial Institution Code	Transit ID		
Financial Institution			Lender Representative	
Area Code	Telephone Number	Extension (If applicable)	Area Code	Fax Number
	Phone Number			Fax Number

Borrower Information

First Name		Initial	Last Name		
Unit #	Number	Street			
City/Municipality		Province	Postal Code	Telephone Number	E-mail Address
				Area Code	Phone Number
Lived at Current Address Since:		Current Residential Status			
Year	Month	<input type="checkbox"/> 1 Owner	<input type="checkbox"/> 2 Renter	<input type="checkbox"/> 3 Living with Parents	<input type="checkbox"/> 4 Other
Year	Date of Birth	Number of Dependants			
	Month	Day			
Marital Status					
<input type="checkbox"/> 1 Single	<input type="checkbox"/> 2 Married	<input type="checkbox"/> 3 Widowed	<input type="checkbox"/> 4 Separated	<input type="checkbox"/> 5 Divorced	<input type="checkbox"/> 6 Common Law
Occupation					
<input type="checkbox"/> 1 Manager	<input type="checkbox"/> 2 Clerical	<input type="checkbox"/> 3 Laborer/ Tradesperson	<input type="checkbox"/> 4 Retired	<input type="checkbox"/> 5 Professional	<input type="checkbox"/> 6 Self-employed
		<input type="checkbox"/> 7 Other			
Start of Service		Start Date with Current Employer			
Year	Month	Year	Month		
Earnings Type					
<input type="checkbox"/> 1 Salaried	<input type="checkbox"/> 2 Seasonal	<input type="checkbox"/> 3 Self-employed	<input type="checkbox"/> 4 Pensioner	<input type="checkbox"/> 5 Alimony	<input type="checkbox"/> 6 Other
Industry Sector					
<input type="checkbox"/> 1 Government	<input type="checkbox"/> 3 Health	<input type="checkbox"/> 5 Education	<input type="checkbox"/> 7 Construction	<input type="checkbox"/> 9 High-Tech	<input type="checkbox"/> 11 Retail Sales
<input type="checkbox"/> 2 Entertainment	<input type="checkbox"/> 4 Finance	<input type="checkbox"/> 6 Transport	<input type="checkbox"/> 8 Manufacturing	<input type="checkbox"/> 10 Services	<input type="checkbox"/> 12 Farming
<input type="checkbox"/> 13 Other					
Bank		Branch	Account Number		With this bank since:
					Year
				Month	
Bank Credit Card		Chequing Account		Savings Account	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Credit Card		Name on Credit Card		Credit Card Number	

Co-Borrower 1

First Name		Initial		Last Name	
Unit #	Number			Street	
Year	Date of Birth Month	Day			
City/Municipality		Province	Postal Code	Area Code	Telephone Number Phone Number
Industry Sector					
<input type="checkbox"/> 1 Government	<input type="checkbox"/> 3 Health	<input type="checkbox"/> 5 Education	<input type="checkbox"/> 7 Construction	<input type="checkbox"/> 9 High-Tech	<input type="checkbox"/> 11 Retail Sales
<input type="checkbox"/> 2 Entertainment	<input type="checkbox"/> 4 Finance	<input type="checkbox"/> 6 Transport	<input type="checkbox"/> 8 Manufacturing	<input type="checkbox"/> 10 Services	<input type="checkbox"/> 12 Farming <input type="checkbox"/> 13 Other
Occupation					
<input type="checkbox"/> 1 Manager	<input type="checkbox"/> 2 Clerical	<input type="checkbox"/> 3 Laborer/ Tradesperson	<input type="checkbox"/> 4 Retired	<input type="checkbox"/> 5 Professional	<input type="checkbox"/> 6 Self- employed <input type="checkbox"/> 7 Other
Living at Current Address Since:		Start Date with Current Employer			
Year	Month	Year	Month		
Credit Card Type		Credit Card Number			

Approved Lender's Comments

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Co-Borrower 2

First Name		Initial		Last Name	
Unit #	Number			Street	
Year	Date of Birth Month	Day			

Co-Borrower 3

First Name		Initial		Last Name	
Unit #	Number			Street	
Year	Date of Birth Month	Day			

Covenant/Guarantor

First Name		Initial		Last Name	
Unit #	Number			Street	
Year	Date of Birth Month	Day			

Property Details

Unit #	Number	Street	Street Type
City/Municipality	Province	Postal Code	
Legal Description			
Tenure <input type="checkbox"/> 1 Freehold <input type="checkbox"/> 3 Condo <input type="checkbox"/> 2 Leasehold		Dwelling Type <input type="checkbox"/> 1 Single <input type="checkbox"/> 3 Duplex <input type="checkbox"/> 5 Apartment <input type="checkbox"/> 7 Triplex <input type="checkbox"/> 9 Modular <input type="checkbox"/> 2 Semi-Det. <input type="checkbox"/> 4 Townhouse <input type="checkbox"/> 6 Mobile <input type="checkbox"/> 8 Stacked <input type="checkbox"/> 10 Fourplex	
Dwelling Style <input type="checkbox"/> 1 Single Story <input type="checkbox"/> 3 Two Story <input type="checkbox"/> 5 Story and a Half <input type="checkbox"/> 2 Bi-Level <input type="checkbox"/> 4 Split Level <input type="checkbox"/> 6 Three Story		Heating Type <input type="checkbox"/> 1 Elect. Baseboard <input type="checkbox"/> 3 Circulating Hot Water <input type="checkbox"/> 2 Forced Air/Gas/Oil/Elect. <input type="checkbox"/> 4 Other	
Garage Type <input type="checkbox"/> 1 Attached <input type="checkbox"/> 2 Detached <input type="checkbox"/> 3 N/A		Garage Size <input type="checkbox"/> 1 Single <input type="checkbox"/> 2 Double <input type="checkbox"/> 3 Triple or More <input type="checkbox"/> 4 None	
Number of Units	Age of Property	Building Size (Do not include basement) _____ square ft. _____ square meter	Lot Size _____ square ft. _____ square meter
Unit Identifier <input type="checkbox"/> 1 New <input type="checkbox"/> 2 Existing		Environmental Hazard <input type="checkbox"/> Yes <input type="checkbox"/> No	

Qualifying Details

Product Tracker Identifier	Total Qualifying Income (All Borrowers) \$ _____ .00	GDS %	TDS %
Property Taxes \$ _____ .00	Annual Shelter Payment (P+I+Heat+Half of Condo Fee) _____ .00		
Applicant Type <input type="checkbox"/> Regular Homeowner <input type="checkbox"/> Condo - New <input type="checkbox"/> 90% Financing – 1 st Time Buyer <input type="checkbox"/> On-Reserve <input type="checkbox"/> 90% Financing – Repeat Buyer <input type="checkbox"/> Chattel Mortgage		Source of Equity <input type="checkbox"/> Cash from Own Resources <input type="checkbox"/> RRSP <input type="checkbox"/> Other <input type="checkbox"/> Sale of Other Property <input type="checkbox"/> Gift <input type="checkbox"/> Sweat Equity <input type="checkbox"/> Borrowed against Liquid Asset	

Loan Details

Selling Price \$ _____ .00	Market Value \$ _____ .00	Lending Value \$ _____ .00	Closing Date of Loan Year Month Day		
Loan Purpose <input type="checkbox"/> 1 Purchase <input type="checkbox"/> 2 Workout <input type="checkbox"/> 3 Deficiency Sale <input type="checkbox"/> 4 D Port <input type="checkbox"/> 5 E Refinance					
NHA Loan Amount \$ _____ .00	Equity/Down Payment \$ _____ .00	Loan to Value %	Repayment Type <input type="checkbox"/> 1 Equal Payment <input type="checkbox"/> 2 Skip Payment		
Interest Rate %	Term Year Month	Amortization Year Month			
Source of Business <input type="checkbox"/> 1 Existing Client <input type="checkbox"/> 5 Lawyer <input type="checkbox"/> 9 Owner Builder <input type="checkbox"/> 13 Other <input type="checkbox"/> 2 Walk in/ Meet Client <input type="checkbox"/> 6 Construction Contractor/Builder <input type="checkbox"/> 10 Construction Financing <input type="checkbox"/> 3 Realtor <input type="checkbox"/> 7 SDRRSP/RRIF <input type="checkbox"/> 11 Approved Lender Staff <input type="checkbox"/> 4 Broker <input type="checkbox"/> 8 Builder Pre-sold <input type="checkbox"/> 12 Builder Pre-sold (Subdivision Discount)					

Interest Type										
<input type="checkbox"/> 1 Fixed		<input type="checkbox"/> 2 Adjustable		<input type="checkbox"/> 3 Buydown		<input type="checkbox"/> 4 VRM Variable		<input type="checkbox"/> 5 VRM Capped		
Loan Security Type										
<input type="checkbox"/> 1 1 st Mortgage			<input type="checkbox"/> 2 2 nd Mortgage			<input type="checkbox"/> 3 Ministerial Guarantee		<input type="checkbox"/> 4 Chattel		
Loan Disbursement				Loan Advance Number		Loan Advance Amount		Acct. # of Existing NHA Insured		
<input type="checkbox"/> 1 Single		<input type="checkbox"/> 2 Multiple				\$.00				
Outstanding Balance of Existing Mortgage or Ported Loan				As Improved Value				Previous Sale Price		
\$.00				\$.00				\$.00		
Previous Closing Date			Blended Amortization Indicator			Other Financing		Lender Requested Referral		
Year	Month	Day	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Premium Added to Mortgage			Improvement Indicator							
<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No					

CERTIFICATE

The granting of the Loan or any part thereof or approval for insurance by XXXXXXXX is not to be construed or relied on by the borrower(s) and any guarantor(s)/covenantor(s) as representing a confirmation of the value or condition of the underlying property whether or not appraisals or inspections are carried out by or for XXXXXXXX; nor is it to be construed or relied on by the borrower(s) and any guarantor(s)/covenantor(s) as representing a confirmation of the borrower(s) and any guarantor(s)/covenantor(s) ability to pay the Loan.

All information obtained from or concerning the borrower(s) and any guarantor(s)/covenantor(s) in connection with approving the Loan, including credit bureau information, will be accessible to and may be used by XXXXXXXX for any purpose related to the provision of mortgage insurance generally; the borrower(s) and any guarantor(s)/covenantor(s) hereby consent thereto. Any information retained by XXXXXXXX in that regard will be subject to federal access to information and privacy legislation.

Date _____

Borrower _____ Co-borrowers _____

Covenantor/Guarantor _____