

Signature

Mortgage Application

P.O. Box 6 Williamsburg, Ontario K0C 2H0 Tel:(613) 762-6770

Applicant (Full Name)		Date of Birth		Social Insurance Number	
Present Address				How Long?	
Previous Address (if less than 3 years at present address)					
Telephone: Work: () Home: () Fax: ()					
Present Employer (N	Name and Address)			How Long?	
Occupation:		Applicant's Anr	nual Incom	ie:	
Previous Employer (if less than 3 years with present employer)					
Previous Employer (if	less than 5 years with present	employer)			
Please circle all that apply:					
Salaried	Salary and Commission	Comm	ission Only	y Self-Employed	
	·				
Name of Landlord or Mo		Amount I	Presently Being Paid		
David Nieura and addus	_				
Bank Name and address		Account N	Number		
I/We understand that this information and form is given to assist you in analyzing our situation and to help you ascertain the possibility of such a loan. We					
authorize you, your lender or agents, to inspect our property and make any other inquiries necessary in determining the feasibility of a loan.					
The undersigned hereby declare that the information I have given is true and complete, and that I have not withheld any information.					
IN CONNECTION WITH MY / OUR APPLICATION FOR CREDIT, I / WE HEREBY TAKE NOTICE THAT YOU, YOUR LENDERS OR AGENTS, MAY BE REFERRING TO A CONSUMER REPORT RESPECTING ME / US CONTAINING PERSONAL INFORMATION AND / OR CREDIT INFORMATION AND I/WE HEREBY CONSENT THERETO AND TO THE DISCLOSURE OF SUCH INFORMATION TO OTHER CREDIT GRANTORS OR CONSUMER REPORTING AGENCY.					
I / WE ALSO ACKNOWLEDGE THAT MORTGAGE MATTERS INC. MAY RECEIVE A COMMISSION FROM THE LENDER OF UP TO 1% OF THE MORTGAGE AMOUNT, WE RESERVE THE RIGHT TO REQUEST A WRITTEN ACCOUNTING FROM MORTGAGE MATTERS INC. AS TO THE EXACT AMOUNT UP TO 30 DAYS AFTER CLOSING.					

Date

1/4