



Expert # _____

APPLICANT #1:

Name: _____ Date of Birth: _____ S.I.N.: _____

Marital Status: ____ No. of Dependants: ____ Home Tel: _____ Bus Tel: _____

Cell: _____ Fax: _____ Email: _____

RESIDENCE:

Address: _____ PO Box (If applicable): _____

How long: _____ Do you own / rent Monthly Pmt: _____ Ptax amt: _____

If Less than 3 years - Previous address: _____ How long: _____

EMPLOYMENT APPLICANT:

Employer _____

Address: _____

Phone Number: _____

Position: _____ How long: _____ Yrs in industry: _____ Income: _____

If Less than 3 years - Previous Employment: _____

Address of previous employer: _____

Position: _____ How long: _____ Income: _____

APPLICANT #2:

Name: _____ Date of Birth: _____ S.I.N.: _____

Marital Status: ____ No. of Dependants: ____ Home Tel: _____ Bus Tel: _____

Cell: _____ Fax: _____ Email: _____

RESIDENCE:

Address: _____

How long: _____ Do you own / rent Monthly Pmt: _____ Ptax amt: _____

If Less than 3 years - Previous address: _____ How long: _____

EMPLOYMENT APPLICANT:

Employer _____

Address: _____

Phone Number: _____

Position: _____ How long: _____ Yrs in industry: _____ Income: _____

If Less than 3 years - Previous Employment: _____

Address of previous employer: _____

Position: _____ How long: _____ Income: _____



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OTHER INCOME: e.g.: rental income, pension, alimony, trust income, inheritance, and tips.
 Please describe and include amount: _____

ASSETS:

	Institution (no account numbers necessary)	Value
Bank Accounts:	_____	\$ _____
	_____	\$ _____
G.I.C.'s / Mutuals	_____	\$ _____
RRSP's	_____	\$ _____
Residence Address:	_____	\$ _____
Other Real Estate:	_____	\$ _____
Auto(s)	1. Year and Make _____	\$ _____
	2. Year and Make _____	\$ _____
Other Assets- Please Describe:	_____	\$ _____
	_____	\$ _____
		TOTAL ASSETS: \$ _____

LIABILITIES:

	Lender	Monthly payment	Balance
Residence Mortgage	1. _____	\$ _____	\$ _____
Other Mortgages	2. _____	\$ _____	\$ _____
Personal/Auto Loans	1. _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____
Credit Cards	1. _____	\$ _____	\$ _____
	2. _____	\$ _____	\$ _____
	3. _____	\$ _____	\$ _____
Other Debts	_____	\$ _____	\$ _____
Please Describe	_____	\$ _____	\$ _____
		TOTAL LIABILITIES: \$ _____	

Identification: _____

Solicitor Information: _____



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PROPERTY DETAILS

Purchase Price/Value: _____	Subjects: _____
Down payment/Equity: _____	Closing Date: _____
Requested Mortgage Amount: _____	Purpose of Funds: _____
Lender: _____	MLS Number: _____
Occupancy: _____	Legal Description: _____
Living Space: _____	_____
Lot Size: _____	Prop Tax Amt: _____
Heating: _____	Water: _____
Home Style: _____	Sewer: _____
Garage: _____	Age of Home (or year built): _____

CLIENT DISCUSSION

CLIENT NAME: _____ BROKER: _____

DATE: _____

SUBJECT: _____

COMMENTS: _____



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Client Consent Form To Pro-Link Mortgage

When you become a client of Pro-Link Mortgage, we will collect from you your name, address, telephone number, e-mail address, birth date, Social Insurance Number, employment information, asset information and information about the nature and financial situation of any company where you are a significant shareholder. We will use this information to:

- ❖ Confirm your identity and credit history
- ❖ Secure mortgage commitments on your behalf
- ❖ Request mortgage payout Statement
- ❖ Request mortgage balance as of _____
- ❖ Secure a line of credit or bridge financing
- ❖ Obtain appraisals and title searches on the property that will be the subject matter of the mortgage

Your information will be disclosed by us to some or all of the following:

- ❖ Credit reporting agencies
- ❖ Lenders
- ❖ Appraisers
- ❖ Mortgage insurance companies
- ❖ Lawyers; and,
- ❖ Other persons to whom you have specifically consented

Pro-Link Mortgage will keep this information in a secure location and for a period of 7 years as required by FICOM. Financial Institution Commission.

We also consent to Pro-Link Mortgage to stay in contact by sending follow-up information on mortgages by mail or e-mail after the mortgage has been advanced.

Client Name/Signature _____ Date _____

Client Name/Signature _____ Date _____