

TELL US ABOUT YOUR MORTGAGE REQUEST

PURCHASE: CHOOSE ONE: PURCHASE OF AN OWNER OCCUPIED HOME PURCHASE OF AN INVESTMENT PROPERTY

CHOOSE ONE: MLS LISTED - MLS # _____ PRIVATE PURCHASE NEW CONSTRUCTION PURCHASE

PURCHASE PRICE \$	CLOSING DATE / /	AMOUNT OF DOWNPAYMENT \$	AMOUNT REQUESTED \$
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OR

REFINANCE: DEBT CONSOLIDATION HOME IMPROVEMENTS
 BUSINESS PURPOSES INVESTMENT
 OTHER: (PLEASE SPECIFY) _____

ESTIMATED PROPERTY VALUE \$	AMOUNT REQUESTED \$
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TELL US ABOUT YOURSELF

MARRIED SINGLE COMMON LAW DIVORCED SEPARATED WIDOWED

FIRST NAME	INITIALS	LAST NAME	DATE OF BIRTH (MM/DD/YY) / /	SOCIAL INSURANCE NUMBER (OPTIONAL)
HOME ADDRESS	APT. #	CITY	PROVINCE	POSTAL CODE # YEARS
IS THIS YOUR PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME TELEPHONE ()	MOBILE TELEPHONE ()	EMAIL ADDRESS	

EMPLOYMENT: SELF-EMPLOYED FULL TIME PART TIME COMMISSION SEASONAL STUDENT RETIRED

CURRENT EMPLOYER	OCCUPATION	# YEARS	BUSINESS TELEPHONE ()	ANNUAL INCOME (BEFORE TAX) \$
PREVIOUS EMPLOYER (IF LESS THAN 2 YEARS)	PREVIOUS OCCUPATION	# YEARS	OTHER INCOME DESCRIPTION	OTHER INCOME \$

TELL US ABOUT THE CO-APPLICANT

MARRIED SINGLE COMMON LAW DIVORCED SEPARATED WIDOWED

RELATIONSHIP TO PRIMARY APPLICANT

FIRST NAME	INITIALS	LAST NAME	DATE OF BIRTH (MM/DD/YY) / /	SOCIAL INSURANCE NUMBER (OPTIONAL)
HOME ADDRESS	APT. #	CITY	PROVINCE	POSTAL CODE # YEARS
IS THIS YOUR PRINCIPAL RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOME TELEPHONE ()	MOBILE TELEPHONE ()	EMAIL ADDRESS	

EMPLOYMENT: SELF-EMPLOYED FULL TIME PART TIME COMMISSION SEASONAL STUDENT RETIRED

CURRENT EMPLOYER	OCCUPATION	# YEARS	BUSINESS TELEPHONE ()	ANNUAL INCOME (BEFORE TAX) \$
PREVIOUS EMPLOYER (IF LESS THAN 2 YEARS)	PREVIOUS OCCUPATION	# YEARS	OTHER INCOME DESCRIPTION	OTHER INCOME \$

TELL US ABOUT THE PROPERTY

PROPERTY TYPE: DETACHED SEMI DETACHED 2/3/4-PLEX FREEHOLD TOWNHOUSE CONDO TOWNHOUSE HIGHRISE CONDO COMMERCIAL OTHER:

PROPERTY ADDRESS	APT. #	CITY	PROVINCE	POSTAL CODE
ANNUAL PROPERTY TAXES \$	MONTHLY CONDO FEES \$	OCCUPANCY TYPE: (PLEASE CHOOSE ONE) <input type="checkbox"/> OWNER OCCUPIED <input type="checkbox"/> TENANTED ONLY <input type="checkbox"/> OWNER OCCUPIED AND TENANTED	MONTHLY RENTAL INCOME \$	
CHECK ALL THAT APPLY: <input type="checkbox"/> MUNICIPAL WATER <input type="checkbox"/> SEWERS <input type="checkbox"/> WELL <input type="checkbox"/> SEPTIC TANK				APPROX. SQUARE FOOTAGE

TELL US ABOUT YOUR SOLICITOR

SOLICITOR (LAWYER) NAME	SOLICITOR (LAWYER) FIRM NAME	SOLICITOR (LAWYER) PHONE NUMBER ()
SOLICITOR (LAWYER) ADDRESS		SOLICITOR (LAWYER) FAX NUMBER ()

TELL US ABOUT YOUR MORTGAGES, ASSETS, AND LIABILITIES

1ST MORTGAGE LENDER (INSTITUTION NAME & PHONE NUMBER)	MONTHLY PAYMENT \$	BALANCE \$	MATURITY DATE (MM/DD/YY) / /	% INT RATE
2ND MORTGAGE LENDER, IF APPLICABLE (INSTITUTION NAME & PHONE NUMBER)	MONTHLY PAYMENT \$	BALANCE \$	MATURITY DATE (MM/DD/YY) / /	% INT RATE

	ASSETS			LIABILITIES			
	DESCRIPTION	AMOUNT		OWING TO	INTEREST RATE	MONTHLY PAYMENT	BALANCE
	VEHICLE #1 MAKE/MODEL/YEAR	\$		CREDIT CARD	%	\$	\$
	VEHICLE #2 MAKE/MODEL/YEAR	\$		CREDIT CARD	%	\$	\$
	OTHER REAL ESTATE	\$		LINE OF CREDIT / LOAN	%	\$	\$
	STOCKS / BONDS / CASH	\$		LINE OF CREDIT / LOAN	%	\$	\$
	OTHER ASSETS	\$		OTHER DEBT	%	\$	\$

COMMENTS: _____

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 _____