

MORTGAGE DETAILS	MORTGAGE #
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Purpose: <input type="checkbox"/> Purchase <input type="checkbox"/> Purchase - Preapproval <input type="checkbox"/> Assumption <input type="checkbox"/> Same Balance or Less <input type="checkbox"/> Equity Take-Out <input type="checkbox"/> Title Transfer <input type="checkbox"/> Increase In Balance	Closing Date:
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If Equity Take-Out, specify reason:

Term: Yrs.	Amortization: Yrs.	Required Mortgage Amount \$	Downpayment: \$	Source of Downpayment:
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Payment Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly	Add Property tax to payment: <input type="checkbox"/> Yes <input type="checkbox"/> No
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PERSONAL INFO	PRINCIPAL APPLICANT	CO-APPLICANT
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First Name:		Middle:		Middle:
Surname:		Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other <input type="checkbox"/> _____		Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other <input type="checkbox"/> _____
Phone:	Home:())	Bus:())	Home:())	Bus:())
Birthdate (D/M/Y):		Sin#		Sin#
#Dependants:		Age(s):		Age(s):

Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
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Current Address:	Address _____ City _____ Prov _____ Postal Code _____ Monthly \$: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Relatives/ Others	Address _____ City _____ Prov _____ Postal Code _____ Monthly \$: _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Relatives/ Others
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Former Address:	Address _____ City _____ Prov _____ Postal Code _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Relatives/Others	Address _____ City _____ Prov _____ Postal Code _____ <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Relatives/Others
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(required if less than 3 years at current address)

LEGAL INFORMATION

Name of Solicitor:	Address:	Phone #:	Fax #:
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EMPLOYMENT HISTORY				
Employment: (Min. 3 Yrs)	Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Self Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:				
Address:				
Occupation:		How Long?		How Long?
Annual Income:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Amount: \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Amount: \$
	Commission: \$	Bonus: \$	Commission: \$	Bonus: \$
Other Income: Source	<input type="checkbox"/> Parttime <input type="checkbox"/> Rental <input type="checkbox"/> Alimony/Child Support <input type="checkbox"/> Pension <input type="checkbox"/> Business <input type="checkbox"/> Investment		<input type="checkbox"/> Parttime <input type="checkbox"/> Rental <input type="checkbox"/> Alimony/Child Support <input type="checkbox"/> Pension <input type="checkbox"/> Business <input type="checkbox"/> Investment	
Details -	How Long?	Amount\$	How Long?	Amount\$
Previous Employer:				
Occupation:		How Long?		How Long?
Annual Income:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Amount: \$	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Amount: \$
	Commission: \$	Bonus: \$	Commission: \$	Bonus: \$

PROPERTY INFORMATION				
Address			Unit #:	
City:		Prov.:	Postal Code:	Zoned <input type="checkbox"/> Residential <input type="checkbox"/> Other
Legal Description Lot #:		Plan#:	Block:	
Property Type: <input type="checkbox"/> Detached Single <input type="checkbox"/> Semi-detached <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Fourplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Townhouse - Condo Unit <input type="checkbox"/> Apartment - Condo Unit <input type="checkbox"/> Other, specify _____				
Occupancy Type: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Rental		Estimated Value or Purchase Price: \$	Purchase Date:	
Lot Size:	Bldg Size: sqft	Condition:	Tenure: <input type="checkbox"/> Freehold <input type="checkbox"/> Leasehold <input type="checkbox"/> Condo	
Age:	Heating Type:	Construction <input type="checkbox"/> Brick <input type="checkbox"/> Frame <input type="checkbox"/> Insul-brick <input type="checkbox"/> Aluminium <input type="checkbox"/> Concrete Type: <input type="checkbox"/> Stone <input type="checkbox"/> Vinylsiding <input type="checkbox"/> Stucco <input type="checkbox"/> WoodFrame <input type="checkbox"/> Log <input type="checkbox"/> Other _____		
Water Type: <input type="checkbox"/> Municipal <input type="checkbox"/> Well	Sewers: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic	Basement: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Finished <input type="checkbox"/> Crawl <input type="checkbox"/> None <input type="checkbox"/> Unfinished		
Garage: <input type="checkbox"/> None <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> Other				Pool: <input type="checkbox"/> No <input type="checkbox"/> Yes Type
# Stories:	# Kitchens:	# Bathrooms:	# Rooms:	# Bedrooms:
Insul Type: <input type="checkbox"/> No UFFI <input type="checkbox"/> UFFI	Monthly Condo Fees: \$	Annual Heating Cost: \$	Annual Property Taxes: \$	

MAILING ADDRESS INFORMATION				
PRINCIPAL APPLICANT - <input type="checkbox"/> Same as property. Otherwise, please complete section below.				
Address			Unit #:	
City:		Prov.:	Postal Code:	
MAILING ADDRESS INFORMATION				
Co- APPLICANT - <input type="checkbox"/> Same as property. Otherwise, please complete section below.				
Address			Unit #:	
City:		Prov.:	Postal Code:	

FINANCIAL INFORMATION

Have you ever declared bankruptcy?
 Yes No if yes, Amount \$

If yes, please explain:

Discharge Date:

Bank Reference:

Address:

Phone #.:

Account #:

Account #:

Which CIBC Branch do you prefer to deal with?

ASSETS	LIABILITIES	NAME OF BANK/INSTITUTION	MONTHLY PAYMENT	OUTSTANDING BALANCE (*)
Cash in bank-Savings/Chequing:	\$	Credit Card	\$	\$
Term Deposit/GIC:	\$	Credit Card	\$	\$
Stocks/Bonds:	\$	Credit Card	\$	\$
RRSP:	\$	Support/Alimony	\$	\$
Deposit with offer:	\$	Line of Credit	\$	\$
Principal Residence:	\$	Existing 1st Mortgage	\$	\$
Other Real Estate:	\$	Existing 2nd Mortgage	\$	\$
Description (for Other Real Estate):		Other Mortgage	\$	\$
Automobile (Value)	\$	Bank Loan	\$	\$
Make/Type/Year		Bank Loan	\$	\$
Second Automobile(Value)	\$	Vehicle Lease	\$	\$
Make/Type/Year		Vehicle Lease	\$	\$
Personal Effects (contents of home)	\$	Outstanding Income Taxes	\$	\$
Other:	\$	Other	\$	\$
(*) Those debts to be paid out on closing				

DATE: _____ SIGNATURE: _____ SIGNATURE: _____