



the mortgage | wellness group
a healthy bank alternative



Verico The Mortgage Wellness Group Limited 11970.
Each office is independently owned and operated.

FAX

TO: Rachelle Czartorynskyj
Company VERICO The Mortgage Wellness
Group Limited
Contact:
Fax: 1-866-407-5702

From:
Company
Contact:
Fax:

Comments:

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VERICO The Mortgage Wellness Group Limited (11970)

Primary Borrower

Mr. Mrs. Ms. Dr.

Name: First Initial Last

Address:

City: Prov: Postal Code:

Home#: Bus.#:

Time spent at this address: Yrs. Mos.

Male Female Birth Date:

S.I.N.:

Marital Status: Single Married Widowed
 Separated Divorced Common Law

Number of Dependents:

Co-Borrower

Mr. Mrs. Ms. Dr.

Name: First Initial Last

Address:

City: Prov: Postal Code:

Home#: Bus.#:

Time spent at this address: Yrs. Mos.

Male Female Birth Date:

S.I.N.:

Marital Status: Single Married Widowed
 Separated Divorced Common Law

Number of Dependents:

Dwelling Status

Rent/Lease Own Living with Parents Rent/Lease Own Living with Parents

Employment

Current Employer:	Current Employer:
Job Description:	Job Description:
Annual Income: \$	Annual Income: \$
How Long: Yrs. Mos.	How Long: Yrs. Mos.

Income Type

<input type="checkbox"/> Salary	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner	<input type="checkbox"/> Salary	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Pensioner
<input type="checkbox"/> Alimony	<input type="checkbox"/> Commission	<input type="checkbox"/> Contract	<input type="checkbox"/> Alimony	<input type="checkbox"/> Commission	<input type="checkbox"/> Contract
Additional Income: \$			Additional Income: \$		

Previous Employment (complete if less than three years with current employer)

Previous Employer:	Previous Employer:
Job Description:	Job Description:
Annual Income: \$	Annual Income: \$
How Long: Yrs. Mos.	How Long: Yrs. Mos.

Purpose of Loan

Pre-Approval Home Purchase Transfer of Mortgage Refinance/Equity Take - if yes, for what reason:

Sales Price: Down Payment: Mortgage Amount: Date funds required:

Property Details

Address: Street Municipality Province Postal Code

Legal Description: MLS Number:

Property Type: Detached Apartment Duplex Rowhouse Other:

Property Title: Freehold Leasehold Condominium/Strata Maintenance fee:\$ /mo.

Description of Property: Lot Size: Age of Building: Property Taxes: Square Footage:

VERICO The Mortgage Wellness Group Limited (11970)

Assets

Liabilities

	Liabilities		
	Lender	Balance Owning	Monthly Payments
Value of home (if owned): _____	Mortgage(s) on home: _____		
Cash in bank: _____			
Deposit on purchase: _____	Personal Loans: _____		
Other real estate owned: _____			
	Other Loans: _____		
Cars: _____			
	Car Loans/Leases: _____		
RRSPs: _____			
Stocks, bonds, etc.: _____	Credit Cards: _____		
Other: _____			
	Child Support/Alimony: _____		
Total Assets: _____	Total Liabilities: _____		

General Information

	Y	N
Are there any suits or judgements against you or pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever gone through bankruptcy	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your assets pledged or in any other manner unavailable for payment of your debts?	<input type="checkbox"/>	<input type="checkbox"/>
Are any of your assets presently involved in a marriage or separation agreement?	<input type="checkbox"/>	<input type="checkbox"/>
Are you the endorser or guarantor of anyone else's debt?	<input type="checkbox"/>	<input type="checkbox"/>
Are you the endorser or guarantor of any leases or contracts?	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____		

The above information is submitted to enable VERICO The Mortgage Wellness Group Limited to consider a mortgage loan, and is to the best of my /our knowledge and belief a true statement of my/our personal information. In submitting this information, I /We hereby consent to VERICO The Mortgage Wellness Group Limited obtaining such credit reports and other information as VERICO The Mortgage Wellness Group Limited may deem necessary at any time in connection with this application for a mortgage loan. I/We hereby consent to the disclosure of my/our personal and credit information to any credit reporting agency, financial institution, legal firm, title insurance company, mortgage insurance company and Verico Financial Group Inc. I /We also consent to receive periodic mortgage account information.

Your privacy is important. We are committed to respecting and protecting your privacy and security. We have implemented measures to protect the privacy & security of your personal information through strict policies and practices in compliance with applicable Federal and Provincial privacy legislation. Please contact us to discuss our privacy & security policies and practices.

Each VERICO mortgage broker is independent owner and operator

Signature: _____
 Borrower _____ Date _____ Co-Borrower _____ Date _____