



the mortgage | wellness group
a healthy bank alternative



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

FAX

TO: Michael Curry
Company VERICO The Mortgage Wellness
Group Limited
Contact: 705-717-5598

From:
Company
Contact:
Fax:

Direct Fax: 705-506-0501

Comments:

[Empty dashed box for comments]

This fax transmission and any accompanying documents contain confidential information intended only for the use of the individual or entity named above. Any dissemination, distribution, copying or action taken in reliance on the contents of this communication by anyone other than the intended recipient is strictly prohibited. If you have received this communication in error please immediately delete it and notify the sender.

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.: **Social Insurance Number** _____

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:	How Long:
Yrs. Mos.	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:	How Long:
Yrs. Mos.	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: _____
 Square Footage: _____ Property Taxes: _____

VERICO The Mortgage Wellness Group Limited (11970)

Assets

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