



**APPLICATION FOR MORTGAGE LOAN**  
**Verico C.O.D. Financial Services Inc.** FSO Broker ID #10311  
 1945 Leslie Street  
 Toronto, ON M3B 2M3  
 Tel: (416) 449-2225  
 Fax: (416) 383-0981  
 Email: info@CODfinancial.com

Purchase   
 Refinance   
 Transfer

**APPLICANT INFORMATION**

1. Name of Applicant(s)	Social Insurance Number	Residence Phone Number	Business Phone Number
2.			
Applicant Present Address	Postal Code	Length Residing	Presently Own <input type="checkbox"/> Rent <input type="checkbox"/>
			\$ per Month

**MORTGAGE REQUIRED**

1ST  2ND  3RD  HIGH RATIO  PLC

Mortgage Amount	Interest Rate	Term Years	Amortization Period	Closing Date	Monthly Payment	Privileges
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**DESCRIPTION OF PROPERTY TO BE MORTGAGED**

Lot Number	Plan Number	City	Property to be Occupied by Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Monthly Income
Address				Sq. Ft. Lot Size
Type Detached <input type="checkbox"/> Semi <input type="checkbox"/> Condo <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Other <input type="checkbox"/> Specify				Age No. of Storeys
Construction _____	Type _____	Heating _____	Garage _____	
Rooms _____	Bedroom _____	Bathrooms _____	Basement _____	
Purchase Price	Down Payment	Annual Taxes	Monthly Condo Fee	Services Fully <input type="checkbox"/> Well <input type="checkbox"/> Specific <input type="checkbox"/>

**PERSONAL INFORMATION**

1. Date of Birth Month Day Year	Marital Status	Dependant(s)	Age of Dependant(s)
2. Date of Birth Month Day Year			
Applicant Present Address	Postal Code	Length Residing	Presently Own <input type="checkbox"/> Rent <input type="checkbox"/>
1. Name of Employer _____		Position _____	
Address _____		Years of Service _____ Years in line of Business _____	
Salary _____ Commission _____		Previous Employment (if less than 2 years) _____	
2. Name of Employer _____		Position _____	
Address _____		Years of Service _____ Years in line of Business _____	
Salary _____ Commission _____		Previous Employment (if less than 2 years) _____	
Name of Banking _____		Address _____ How Long _____	
Institution(s) _____		Address _____ How Long _____	
Have you or the Co-Applicant Ever Declared Bankruptcy? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**NET WORTH**

ASSETS	Amounts	LIABILITIES	Address	Monthly Payments	Amounts	Total Debt
Cash in Bank	\$ _____	Bank Loan(s)	_____	\$ _____	\$ _____	\$ _____
Stocks and Bonds	\$ _____	Car Loan(s)	_____	\$ _____	\$ _____	\$ _____
Deposit on Property	\$ _____	Existing Mortgage(s)	_____	\$ _____	\$ _____	\$ _____
Real Estate (Current Home)	\$ _____		_____	\$ _____	\$ _____	\$ _____
Cash Value in Life Insurance	\$ _____		_____	\$ _____	\$ _____	\$ _____
Personal Effects (Fur, Jewellery, etc.)	\$ _____	Credit Card(s)	_____	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____		_____	\$ _____	\$ _____	\$ _____
Car(s)	\$ _____	Other Liabilities	_____	\$ _____	\$ _____	\$ _____
	\$ _____					
Total Assets	\$ _____	Total Liabilities		\$ _____	\$ _____	\$ _____
Less Total Liabilities	\$ _____					
Net Worth	\$ _____					



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With respect to this application, I/we understand that COD Financial Services (COD) may be procuring and referring to a consumer report to obtain personal and/or credit information, and I/we hereby consent thereto and to the disclosure of such information to other credit grantors or consumer reporting agencies. This information may be relevant to granting this loan.

I/We hereby certify that I/we shall be the occupants of this property and that the information given above is correct in all respects and details. I/We understand that any commitment given is contingent on the correctness of the information given. It is further understood that the above include all of my/our debts, and that I/we have no current outstanding judgements and I/we have not declared bankruptcy in the last 4 years and all my/our outstanding credit is currently in good standing.

Applicant's Signature \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Guarantors \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Solicitor \_\_\_\_\_

Address \_\_\_\_\_

Real Estate Agent Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_