



APPLICATION FOR MORTGAGE FINANCE

1. PERSONAL INFORMATION

MR. MRS. MS. LAST NAME:

FIRST NAME: MIDDLE NAME(S):

DATE OF BIRTH (mm/dd/yyyy): NATIONAL INSURANCE No.:

NATIONAL REGISTRATION No: ISSUE DATE (mm/dd/yyyy): INDIVIDUAL BOOK No:

MARTIAL STATUS: Single Married: Name of Spouse: Divorced Separated Widow Widower

PERMANENT ADDRESS: STREET/AVENUE:

CITY/TOWN: PARISH/STATE: ZIP/POSTAL CODE:

NO. OF YEARS AT CURRENT ADDRESS Rent Living with others Own Approximate Value of Property

TELEPHONE NOS.: Home: Work: Ext.:

CO-APPLICANT

MR. MRS. MS. LAST NAME:

FIRST NAME: MIDDLE NAME(S):

DATE OF BIRTH (mm/dd/yyyy): NATIONAL INSURANCE No.:

NATIONAL REGISTRATION No: ISSUE DATE (mm/dd/yyyy): INDIVIDUAL BOOK No:

MARTIAL STATUS: Single Married: Name of Spouse: Divorced Separated Widow Widower

PERMANENT ADDRESS: STREET/AVENUE:

CITY/TOWN: PARISH/STATE: ZIP/POSTAL CODE:

NO. OF YEARS AT CURRENT ADDRESS Rent Living with others Own Approximate Value of Property

TELEPHONE NOS.: Home: Work: Ext.:

2. EMPLOYMENT

APPLICANT EMPLOYMENT STATUS: Permanent Temporary Self-Employed Casual Seasonal Contractual

CURRENT EMPLOYER/COMPANY NAME: OCCUPATION/NATURE OF BUSINESS:

DATE ESTABLISHED (if self employed): LENGTH OF SERVICE: TELEPHONE NO:

ADDRESS:

YEAR APPOINTED: LAST WORKING DAY: RETURNING TO WORK:

REASON FOR LEAVE: Vacation Suspension Sick Leave Maternity/Paternity Other:

PREVIOUS EMPLOYER (required if current employment is less than 1 year):

EMPLOYMENT STATUS: Permanent Temporary Self-Employed Casual Seasonal Contractual

DATE ESTABLISHED (if self employed): LENGTH OF SERVICE: TELEPHONE NO:

NATURE AND ADDRESS OF BUSINESS::

CO-APPLICANT EMPLOYMENT STATUS: Permanent Temporary Self-Employed Casual Seasonal Contractual

CURRENT EMPLOYER/COMPANY NAME: OCCUPATION/NATURE OF BUSINESS:

DATE ESTABLISHED (if self employed): LENGTH OF SERVICE: TELEPHONE NO:

ADDRESS:		
YEAR APPOINTED:	LAST WORKING DAY:	RETURNING TO WORK:
REASON FOR LEAVE: <input type="checkbox"/> Vacation <input type="checkbox"/> Suspension <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity/Paternity <input type="checkbox"/> Other:		
PREVIOUS EMPLOYER (required if current employment is less than 1 year):		
EMPLOYMENT STATUS: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Self-Employed <input type="checkbox"/> Casual <input type="checkbox"/> Seasonal <input type="checkbox"/> Contractual		
DATE ESTABLISHED (if self employed):	LENGTH OF SERVICE:	TELEPHONE NO:
NATURE AND ADDRESS OF BUSINESS::		
NO. OF DEPENDENTS:	AGE:S	
NAME(S) AND AGE(S) OF CHILD/CHILDREN:		

3. DETAILS OF MONTHLY COMMITMENTS

		APPLICANT	CO-APPLICANT
APPLICANT'S WAGES/SALARY: \$	INCOME TAX		
ALLOWANCES : \$	N.I.S.		
OTHER INCOME: \$	RENT		
TOTAL INCOME: \$	MORTGAGE		
	BANK DEDUCTIONS		
	BANK DEDUCTIONS		
	VEHICLE INSURANCE		
	VEHICLE EXPENSES		
	BUS/TAXI FARE		
	LIFE INSURANCE		
	HEALTH INSURANCE		
CO-APPLICANT'S INCOME:\$	PROPERTY INSURANCE		
ALLOWANCES: \$	PROPERTY TAXES		
OTHER INCOME : \$	BPWCCUL LOAN		
TOTAL INCOME: \$	BPWCCUL SAVINGS		
	BPWCCUL L.O.C.		
	TRADE UNION		
	HIRE PURCHASE		
	FOOD		
	LUNCH		
	CLOTHING		
	CHILDREN		
	WATER		
	ELECTRICITY		
	TELEPHONE		
	OTHER EXPENSES		
	MISC. EXPENSES		
TOTAL EXPENSES PRIOR TO MORTGAGE			
SUB-TOTAL	NET INCOME/DEFICIT		

AFTER MORTGAGE ADJUSTMENTS (For Official Use Only)

	APPLICANT	CO-APPLICANT
LIFE INSURANCE		
PROPERTY INSURANCE		
PROPERTY TAXES		
BPWCCUL LOAN		
BPWCCUL SAVINGS		
BPWCCUL L.O.C.		
WATER		
ELECTRICITY		
TELEPHONE		
OTHER		
GRAND TOTAL		
NET INCOME/DEFICIT		

AMOUNT OF LOAN REQUIRED \$	NO. OF YEARS
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COMPUTATION OF LOAN (Official use only)

PURPOSE OF LOAN:

DETAILS OF PROPERTY OFFERED AS SECURITY:

(a) Size of land, brief description and whereabouts of property: _____

(b) Is property subject to any charge or lien, registered or unregistered or any other restrictive covenants? _____

(c) In the case of completed building, give total cost of land & building \$ _____ (c)
 .. First Mortgage on abovementioned property.
 .. Other Security.
 Details _____ (e)

Name & Address of contractor\Builder _____ Tel No _____ (f)

Name of Architect _____ (g)

Is house to be built under Fixed Price contract? _____

(h) List of existing/intended occupants of property and relationship to mortgagor(s).

(i) Does any person listed above or anyone else have a financial interest in the property being mortgaged? If so, give details.

OTHER REAL ESTATE OWNED

NAME AND ADDRESS OF ATTORNEYS AT LAW

Name and Address of Present Bankers: (1) _____

Name and Address of Present Bankers: (2) _____

TYPE OF ACCOUNT AND BALANCE:

(1) CURRENT \$ _____ SAVINGS \$ _____ DEPOSITS \$ _____

(2) CURRENT \$ _____ SAVINGS \$ _____ DEPOSITS \$ _____

TYPE OF ACCOUNT AND BALANCE:

Balance (1) \$ _____ Original amount \$ _____ Repayment \$ _____ Institution _____

Balance (2) \$ _____ Original amount \$ _____ Repayment \$ _____ Institution _____

Purpose _____

Security _____

HAVE YOU EVER BEEN INVOLVED IN ANY FAILURE, OR COMPROMISE WITH CREDITORS? Yes No

HAS THIS PROPOSAL BEEN OFFERED TO ANY BANK OR FINANCIAL INSTITUTION? Yes No If

the answer to 16, or 17 is YES, give brief details: _____

GIVE BRIEF DETAILS OF LIFE ASSURANCE POLICIES HELD:

Name of Company	Life Assured	Life Assured	Life Assured

IF THIS MORTGAGE LOAN IS GRANTED ARE YOU WILLING TO:

(a) Assign to this organisation Life Insurance Policy(ies) with an assured value at least equal to the loan? Yes No

(b) Pay for insurance cover over the building(s) on the mortgage property against such as the Credit Union may from time to time deem necessary for the full appraised value and with an insurance company approved by the Credit Union. Yes No

NAME AND ADDRESS OF NEXT OF KIN & ONE (1) REFERENCE NOT LIVING WITH YOU

NAME (next of kin) _____ NAME (next of kin) _____

ADDRESS _____ ADDRESS _____

RELATIONSHIP _____ TELEPHONE NO. _____ RELATIONSHIP _____ TELEPHONE NO. _____

NAME AND ADDRESS OF NEXT OF KIN & ONE (1) REFERENCE NOT LIVING WITH YOU

NAME (next of kin) _____ NAME (next of kin) _____

ADDRESS _____ ADDRESS _____

RELATIONSHIP _____ TELEPHONE NO. _____ RELATIONSHIP _____ TELEPHONE NO. _____

OTHER INFORMATION:

I\We hereby warrant and confirm that all the Statements made herein or in any attachment hereto, are true and correct and have been made by me\us knowing you will rely thereon in considering this application.

I\We undertake to notify the Credit Union immediately of any situation which materially changes the representation on this application.

I\We hereby authorize you to obtain any information you may require relative to this application from my\our employer(s) and from any other source to which you may apply, each source being hereby authorized by me\us to provide you with such information.

I\We agree to pay any legal costs, survey or other charges, reasonably incurred in the processing and completion of this application.

The Credit Union may verify any information provided to it by me/us from whatever sources it deems necessary. The Credit Union is hereby authorized to obtain any information it requires relative to my\our credit history or application for credit and any such source is hereby authorized to provide any such requested information. Additionally the information provided on this application may be used by the Credit Union to update my personal records from time to time.

The Credit Union is further authorized to disclose to any Credit Bureau, reporting agency, business, financial institution or person with whom I have entered into or propose to enter into a business or financial relationship with, personal information or such information regarding my\our credit or financial history, or information as is deemed appropriate, lawful and necessary in the sole discretion of the Credit Union or as expressly provided by law. I/we jointly and severally agree to indemnify the Credit Union and save the Credit Union from any and all claims in damages or otherwise arising from any disclosure as herein authorized.

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

DATE