

Mortgage Application

In an effort to make your customer experience more positive, we have created this condensed form for you to provide your information to us without completing our full application. We will gather majority of the necessary information from the financial documentation you provide us. Thank you again for continuing your journey to become a Manulife Bank customer.

What is the name of your Financial Advisor: Do you authorize Manulife Bank to inform your Financial Adv	isor of this process: YES or NO			
PERSONAL INFORMATION:	'			
For you (applicant):	If applicable, co-applicant:			
Full name:	Full name:			
Home address:	Home address:			
Email:	Email:			
Home phone:	Home phone:			
Cell phone:	Cell phone:			
Work phone:	Work phone:			
Birthdate: DD/MMM/YYYY	Birthdate: DD/MMM/YYYY			
Social Insurance Number (SIN):	Social Insurance Number (SIN):			
Are you a Canadian Resident/Canadian Permanent Resident?	Are you a Canadian Resident/Canadian Permanent Resident?			
YES or NO (select one)	YES or NO (select one)			
If no, please provide a copy of your permanent residency application.	If no, please provide a copy of your permanent residency application.			
To have your application considered by Manulife, we require permission to run a credit bureau check. Please indicate YES or NO	To have your application considered by Manulife, we require permission to run a credit bureau check. Please indicate YES or NO			
Date: _DD/MMM/YYYY_ time:	Date: DD/MMM/YYYY time:			
Would you like to save \$200 this year? Sign up and try one	of our ManulifeMoney+Visa Cards: YES or NO			
EMPLOYMENT INFORMATION:				
For you (applicant):	If applicable, co-applicant:			
Please indicate your employment type:	Please indicate your employment type:			
Self Employed 3rd Party Employed Other:	Self Employed 3rd Party Employed Other:			
If 3rd Party Employed, you will be required to provide a signed and dated letter of employment. In the meantime please provide the following information:	If 3rd Party Employed, you will be required to provide a signed and dated letter of employment. In the meantime please provide the following information:			
Employer:	Employer:			
Title:	Title:			
Gross salary:	Gross salary:			
Original start date: Full time or Part time	Original start date: Full time or Part time			
If you have been employed under 5 years with your current organization, please provide.	If you have been employed under 5 years with your current organization, please provide.			
Previous Employer: Years of service:	Previous Employer: Years of service:			

PROPERTY INFORMATION:

**	etailed information on your current home. Th nent, MPAC statement (Municipal Property A			
Style of your home (Selec	ct one): Bungalow, Multi-storey, To	wnhouse, Split Level,	Condo, Other	
Is your home	detached or semi-detached? (If applicab	le)		
If condo, month	nly maintenance fees: \$			
Date of purchase:	Besides yourself, who is on the t	itle of the home?		
Purchase price:	Square footage of home (excluding	basement):	Age of home:	
Lot size (if applicable):		Water Source (Select or	ne): Municipal water, private well	
If yes, greater th	nan 5 acres? YES or NO	Heating (Select one):	Forced air, electric baseboard, other	
Garage: YES or NO		Value of any upgrades since purchase of property? \$		
If yes, single	, 1.5, double or triple? (Select one)	Approximate value of th	ne property? \$	
If yes, is garage attached? YES or NO		Annual property tax: \$		
REQUIRED REGULATOR	RY INFORMATION:	Net increase requested	d:	
For you (applicant):		If applicable, co-applica	nt:	
Marital Status (select one): ☐ Single, ☐ Married, ☐ Common Law,		Marital Status (select one): ☐ Single, ☐ Married, ☐ Common Law,		
☐ Separated, ☐ Divorced, ☐ Widowed, ☐ Other If separated, provide a copy of the separation agreement		☐ Separated, ☐ Divorced, ☐ Widowed, ☐ Other If separated, provide a copy of the separation agreement		
How many dependents are living with you (under the age of 18)?		How many dependents are living with you (under the age of 18)?		
	——————————————————————————————————————		——————————————————————————————————————	
Have you (or partner/spo	use) been bankrupt, made a voluntary	Have you (or partner/s	pouse) been bankrupt, made a voluntary	
assignment into bankrup	tcy, made a consumer proposal relating to	assignment into bankr	uptcy, made a consumer proposal relating to	
bankruptcy or insolvency	in the last 6 years?	bankruptcy or insolven	cy in the last 6 years?	
☐ YES or ☐ NO		☐ YES or ☐ NO		
Do you currently have an ☐ YES or ☐ NO	y lawsuits or judgements against you?	Do you currently have any lawsuits or judgements against you? ☐ YES or ☐ NO		
Are you a US Citizen or L	JS Resident for tax purposes?	Are you a US Citizen or US Resident for tax purposes?		
☐ YES or ☐ NO		☐ YES or ☐ NO		
If yes, SSN or ITTIN:		If yes, SSN or ITTIN:		
Are you required to pay any alimony and/or child support (select one)? YES or NO		Are you required to pay any alimony and/or child support (select one)? \square YES or \square NO		
If yes, what is the month	ly amount? \$	If yes, what is the monthly amount? \$		
Have you or any close rel	ative ever held a senior position in	Have you or any close	relative ever held a senior position in	
government, political par	ty, military, tribunal or government	government, political p	party, military, tribunal or government	
·	anada or a foreign country (select one)?	•	Canada or a foreign country (select one)?	
☐ YES or ☐ NO		☐ YES or ☐ NO		
If yes, please elaborate:		If yes, please elaborate:		
Intended use of this account?		Intended use of this account?		
DEBT/LINE OF CREDIT:				
Please list all active lines	of credit, family loans you and the co-applicar	nt currently have.		
Loan #1:	Owing Balance: \$	Loan #2:	Owing Balance: \$	
Loan #3:	Owing Balance: \$	Loan #4:	Owing Balance: \$	

OTHER ASSETS:

Please provide a list of all active bank accounts & investments across your financial institutions. Examples include Chequing & Savings, RRSPs, Stocks & Bonds, GICs, LIRAs, Non-Reg, TFSAs).

DANIK ACCOUNTS AND I	N. /FCTN4FNITC						
BANK ACCOUNTS AND I	NVESTMENTS:						
Account type:	Balance:						
Account type:	Balance:						
Account type:	Balance:						
Account type:	Balance:						
Account type:	Balance:						
LIFE INSURANCE:	de information on the amou		nce you have.				
Account type:			_Balance:				
Account type:	Balance:						
AUTO AND RECREATION							
If applicable, please provide	Year, Make & Model and es	stimated value of all a	auto and recreation vehicle	es (eg. RV, ATVs, boat) in your ownership.			
Vehicle type:	Year:	Make:	Model:	Estimated value:			
Vehicle type:	Year:	Make:	Model:	Estimated value:			
ADDITIONAL PROPERTIE	S:						
Property type:	Address:						
Estimated value:	Mortgage Balance:						
Property type:		Address:					
Estimate de la colonia		N.4-	Mortgage Balance:				
Estimated value:		IVIC	rtgage Balance:				
CREDIT CARD APPLICATION	ON						
the cards' features on our		n your preferred card		+ Visa Credit Cards. You can compare ve read and acknowledged our			
Applicant. ManulifeMONEY+ Visa Infi	ONEY+ Visa Infinite Card Co-Applicant:						
ManulifeMONEY+ Visa Platinum Card YES NO		M	ManulifeMONEY+ Visa Infinite Card YES NO				
YES NO			ManulifeMONEY+ Visa Platinum Card YES NO				

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