

6074 Lady Hammond Road Halifax, NS B3K 2R7 Toll Free: 1-800-668-2879 Telephone: (902) 453-0680 Facsimile: (902) 454-3116

## MORTGAGE APPLICATION

| ••  |                  |                    | Date of Birth  Mo. Day Year | NOTE: Complete if less than 3 yrs. at current employer and/or current address |                            |                |  |
|---|------------------|--------------------|-----------------------------|---|----------------------------|----------------|--|
| Street Address                                |                  | How long           |                             | Applicant's Previous Address How Long?  |                            |                |  |
| City  | Pro              | v. Postal Code     | Res. Phone No.              | Co-Applicant's Previous Address How Long?                                     |                            |                |  |
| Co-Applicant's Surname                        | e Firs           | t Name and Initial | Date of Birth               |   | 76.                        |                |  |
|   |                  | I                  | Mo. Day Year                | Applicant's Previous Employer   | Occupation                 | How Long?      |  |
| Street Address                                | ddress How long? |                    | ? Rent/Mtg. Pmt             | Applicant's Previous Employer Occupation                                      |                            | How Long?      |  |
| City  | Pro              | v. Postal Code     | Res. Phone No.              | Co-Applicant's Previous Employer  | Occupation                 | How Long?      |  |
| Applicant Employed by: Phone (work) How Long? |                  |                    |                             | LIFE INSURANCE SECTION  |                            |                |  |
| Occupation                                    |                  |                    |                             | Interested in Mortgage Life, Disability                                       | y, Loss of Employment      | & Yes □        |  |
| Co-Applicant Employed                         | by:              | Phone (wor         | rk) How Long?               | Critical Illness Insurance Coverage?  |                            |                |  |
|   |                  |                    | yrs mo                      | Applicant Non-Smoker Smoker   |                            |                |  |
| Occupation                                    |                  |                    |                             | Co-Applicant Non-Smoker   | Smoker                     |                |  |
| Social Insurance Number                       | er Applica       | ant                |                             | YOUR LAWYER   |                            |                |  |
|   | Co-App           | olicant            |                             | Law Firm:   |                            |                |  |
|   |                  |                    |                             | Solicitor's Name:   |                            |                |  |
| Market Orac                                   |                  |                    |                             | Address:  |                            |                |  |
| Marital Status                                |                  | Number of Depende  | ents                        | Dh a n a #  |                            |                |  |
| ADDDOVIMAT                                    | E MONTHI V       | INCOME BEFORE      | DEDUCTIONS                  | Phone #:  | Fax #: IFORMATION          |                |  |
|   |                  | N OR INCOME VER    |                             | Have you or your spouse ever: been  |                            | kruptcy?       |  |
| Applicant's Income                            | -                |                    | \$                          | ,                                       |                            | OPD?           |  |
| Co-Applicant's Income                         |                  |                    | \$                          | Are you a co-maker, endorser or guarantor for anyone? Yes□ No □               |                            |                |  |
| App. other income (spec                       | cify)            |                    | \$                          | If yes, for whom?   |                            |                |  |
| Co-App. other income (                        | ")               |                    | \$                          | Payments Approx. Balance:   |                            |                |  |
| TOTAL MONTHLY INC                             | OME              |                    | \$                          | LIST YOUR PRESENT DEBTS (cr   | adit aarda labilal ayaaart | alimany ata\   |  |
|   | LIST YOUR F      | PRESENT ASSETS     |                             | LIST TOUR PRESENT DEBTS (CI   | Approx.Bal.Owing           |                |  |
| Downpayment                                   |                  |                    | \$                          | Mortgage Loan   | \$                         | \$             |  |
| Cash and/or savings (excluding downpayment)   |                  |                    | \$                          | Mortgage Loan \$  |                            | \$             |  |
| Principal Residence                           |                  |                    | \$                          | Loan or Credit Card \$  |                            | \$             |  |
| Other Property Owned                          |                  |                    | \$                          | Loan or Credit Card \$  |                            | \$             |  |
| Automobile(s), Yr / Mode                      | el               |                    | \$                          | Loan or Credit Card   | \$                         | \$             |  |
| Household Goods                               |                  |                    | \$                          | Loan or Credit Card   | \$                         | \$             |  |
| RRSP/Pension Plan (Specify)                   |                  |                    | \$                          | Support/Alimony   | \$                         | \$             |  |
| Investments                                   |                  |                    | \$                          | Other (Please Specify)  | \$                         | \$             |  |
| Other 1                                       |                  |                    | \$                          | Other (Please Specify)  | \$                         | \$             |  |
| Other 2                                       |                  |                    | \$                          |   |                            | +              |  |
| TOTAL ASSETS                                  |                  |                    | \$                          | TOTAL DEBTS   | \$                         | \$             |  |
| PURPOSE OF MORTG                              | AGE (SPECIF      | Y):                |                             |   |                            |                |  |
| COSTS SOURCE                                  |                  | RCE OF FUNDS       | MORTGAGE DETAILS            |   |                            |                |  |
| Purchase Price/Value                          | \$               | Cash               | \$                          |   |                            |                |  |
| Land  | \$               | Land               | \$                          | Term requested  | Amortization requested     | l              |  |
| Construction  Payout/Consolidation            | \$               | Sweat Equity       | \$                          | Payment   | _                          |                |  |
| Payout/Consolidation<br>Renovation Costs, if  | \$               | Equity in Ppty     | \$<br>\$                    | Frequency 1st Month 15th Mon  | th Bi-weekly \             | Weekly         |  |
| applicable                                    | \$               | Gift<br>Other      | \$                          | Interest Rate *   | % * Subject to chan        | ne             |  |
| Fees, if applicable                           | \$               | Other              | \$                          | Interest ivate  | _/o Subject to chan        | g <del>u</del> |  |
| TOTAL COSTS                                   | \$               | TOTAL EQUI         | TY \$                       | Payment Ppty Taxes  | Total Pmt                  |                |  |
| TOTAL COSTS LESS (-                           | ) TOTAL FOLL     | ITY FOLIALS (-) TO | OTAL AMOUNT BEING           | REQUESTED: \$   |                            |                |  |

| LIST REFERENCES: (Preferably Relatives)   |   |                                   |                               |  |  |  |  |  |
|---|---|-----------------------------------|-------------------------------|--|--|--|--|--|
|   | ship to Applicant                                   | Addre                             | ess                           |  |  |  |  |  |
| 1) 2)   |   |                                   |                               |  |  |  |  |  |
| 3)  |   |                                   |                               |  |  |  |  |  |
| NEW CONSTRUCTION  | PURCHASE  |                                   |                               |  |  |  |  |  |
| CONSTRUCTION WILL BE BY: Self Contract  |   | Pho                               | ne No                         |  |  |  |  |  |
|   |   | Pr                                | none No                       |  |  |  |  |  |
| NAME OF CONTRACTOR  |   | Yrs.<br>t Value \$                |                               |  |  |  |  |  |
| ESTIMATED VALUE ON COMPLETION: \$   | Closing date of S                                   | Closing date of Sale              |                               |  |  |  |  |  |
| ESTIMATED COMPLETION DATE:  | Home will be Owner Occupied Rented Rental Income \$ |                                   |                               |  |  |  |  |  |
| ATTACH COPY OF BUILDING PLANS, COST LIST,   | ATTACH COPY OF AGREEMENT OF PURCHASE & SALE         |                                   |                               |  |  |  |  |  |
| SPECIFICATIONS SHEET, BUILDING CONTRACTS, ETC.  | AND A RECENT PHOTO OF THE PROPERTY                  |                                   |                               |  |  |  |  |  |
| PARTICULARS OF LAND AND/OR BUILDING   |   |                                   |                               |  |  |  |  |  |
| Location - Number - Street  | Tax District  |                                   |                               |  |  |  |  |  |
|   | <u> </u>  | Τ.                                | T                             |  |  |  |  |  |
| City - County - Province  | Taxes<br>\$   | Arrears<br>\$                     | Liens                         |  |  |  |  |  |
| Size of lot Size of Building  | Assessment  | Date of Last Assessment           | Property Number               |  |  |  |  |  |
| No of units   |   |                                   |                               |  |  |  |  |  |
| in building   |   |                                   |                               |  |  |  |  |  |
| DISCLOSURE: Each applicant will receive, by default, independent and separate   |   |                                   | ntation with respect of this  |  |  |  |  |  |
| application by mail at the address first indicated above unless either party nominate<br>Applicant's new disclosure address if different from that recorded above:  | s a different address be                            | eiow:                             |                               |  |  |  |  |  |
| Co-Applicant's new disclosure address if different from that recorded above:  |   |                                   |                               |  |  |  |  |  |
| OPTIONAL JOINT DISCLOSURE: If the applicants wish to receive single joint   | disclosure, then each                               | applicant must initial below when | re initialling indicates your |  |  |  |  |  |
| consent, where such consent is revokable at any time by either applicant contact single joint disclosure in the manner nominated below. If no nomination is reco  |   |                                   |                               |  |  |  |  |  |
| disclosure will be made in the name of the Applicant at the Applicant's address   |   |                                   |                               |  |  |  |  |  |
| resulting in individual and separate disclosure.  |   |                                   |                               |  |  |  |  |  |
| Applicant Nominate Recipient  |   | Nominate Address                  |                               |  |  |  |  |  |
| Co-Applicant  |   |                                   |                               |  |  |  |  |  |
| Initial here Nominate Recipient   |   | Nominate Address                  |                               |  |  |  |  |  |
| I/We acknowledge "that the granting of the Loan or any part thereof or approval for   |   |                                   |                               |  |  |  |  |  |
| guarantor(s) as representing a confirmation of the value or condition of the underlying property, whether or not appraisals or inspections are carried out by or for CMHC; nor is it to be construed or relied on by the borrower(s) or any guarantor(s) as representing a confirmation of the borrowers(s) and any guarantor(s) ability to |   |                                   |                               |  |  |  |  |  |
| pay the Loan." All information obtained from or concerning the borrower(s) and any guarantor(s) in connection with approving the Loan, including credit information, will be accessible to and may be used by CMHC and League Savings and Mortgage for any purpose related to the provision of Loan Insurance generally; the                |   |                                   |                               |  |  |  |  |  |
| borrower(s) or any guarantor(s) hereby consent thereto. Any information retained by CMHC in that regard will be subject to Federal access to information and privacy legislation.   |   |                                   |                               |  |  |  |  |  |
| I/We apply for a mortgage in the amount set out above. In consideration of League Savings and Mortgage Company making the loan, I/we agree to pay all fees and  |   |                                   |                               |  |  |  |  |  |
| disbursements incurred by the Company in processing the application, and cost of investigating title. I/We certify that the statements contained in this application are true and correct and that any misstatement of fact contained herein shall entitle the Company to cancel the loan and demand repayment of the monies advanced and   |   |                                   |                               |  |  |  |  |  |
| expenses incurred.  |   | ^ 4 4 5 \                         | . of this condition           |  |  |  |  |  |
| I confirm that I have read and signed the "Consent and Authorization to Use Person  | iai information" (Form )                            | 4115) and have included it as pan | or this application.          |  |  |  |  |  |
| Dated APPLICA   | ANT:  |                                   |                               |  |  |  |  |  |
| WITNESS: CO-APP   | LICANT:   |                                   | _                             |  |  |  |  |  |
|   |   |                                   |                               |  |  |  |  |  |
| THIS SECTION MUST BE COMPLETED BY YOUR CREI   |   |                                   |                               |  |  |  |  |  |
| APPLICANT JOINED  | CREDIT UNION IN                                     | N                                 | (date)                        |  |  |  |  |  |
| CO-APPLICANT JOINED   | CREDIT UNION IN                                     | N                                 | (date)                        |  |  |  |  |  |
| Are loan repayments regular? Are savings deposits regular   | ar?   | Previous experience               |                               |  |  |  |  |  |
| Additional comments which might assist us in making a fair decision   |   |                                   |                               |  |  |  |  |  |
|   |   |                                   |                               |  |  |  |  |  |
| PRIVACY   |   |                                   |                               |  |  |  |  |  |
| Applicant(s) must read and sign League Savings and Mortgage Form A115   |   | orization to Use Personal Inform  | mation". The form must        |  |  |  |  |  |
| be returned to League Savings and Mortgage along with the mortgage appli  | cation.   |                                   |                               |  |  |  |  |  |
| Attached Yes No If no, explain:   |   |                                   |                               |  |  |  |  |  |
|   |   |                                   |                               |  |  |  |  |  |
| ASCERTAINING IDENTITY  Credit Union must appet in the identify of Applicant(s) in apperdance with League Sovings and Martagage's policies and precedures by completing  |   |                                   |                               |  |  |  |  |  |
| Credit Union must ascertain the identify of Applicant(s) in accordance with League Savings and Mortgage's policies and procedures by completing Form G37(I), "Ascertaining Identity" and submit the completed information along with the mortgage application.  |   |                                   |                               |  |  |  |  |  |
| Attached Yes ☐ No ☐ If no, explain:   |   |                                   |                               |  |  |  |  |  |
|   |   |                                   |                               |  |  |  |  |  |
| I DECOMMEND THIS ADDITION BE ADDROVED / DE FOTES  |   |                                   |                               |  |  |  |  |  |
| I RECOMMEND THIS APPLICATION BE APPROVED / REJECTED   |   |                                   |                               |  |  |  |  |  |
| Date  | Au  | thorized Credit Union Employee    |                               |  |  |  |  |  |