

Property Details

Please complete in full for all Switches/Refinances – Fax old listing if available

Client Name: _____

Address: _____
(Including Postal Code)

Market Value: \$ _____ Property Taxes: _____

Tenure Code: Freehold Leasehold Condo

Dwelling Type: Single Semi-Detached Duplex Triplex Row/Townhouse
 Mobile Stacked Modular Fourplex

Dwelling Style: 1 Story Bi-Level 2 Story
 1 1/2 Story 3 Story Split Level

Heating Type: Electric Baseboard Forced Air/gas/Oil/Electric Hot Water

Garage type: Attached Detached N/A

Garage Size: Single Double Triple None

Legal Address Lot _____ Block _____ Plan _____ ****MANDATORY****

Number of Units: _____ Age of Property: _____

Square Footage: _____ Square Metre Square Feet
(Does not include basement)

Lot Size (frontage): _____ Square Metre Square Feet

What is the closing date/anticipated funding date? _____

What was the previous closing date? _____
(Exact date required)

What was previous Sale Price? _____

Is the mortgage currently insured? Yes No

If Yes, what is the CMHC/GE Capital account #: _____

What is the outstanding balance on the existing mortgage: \$ _____

What is the top up financing amount \$ _____

What is the remaining amortization? _____ Years _____ Months

} For Insured Refinances Only