

HOME REFINANCE QUESTIONNAIRE

Complete legal names of all owners/mortgagors, dates of birth and sex – male – M or female – F

First Name	Middle Name	Last Name	Date of Birth			
			D	M	Y	M/F

Date of Closing:

Month Day Year

Address of Property You are Refinancing:

Street Unit # City Postal Code

Contact Phone Numbers:	Home:	<input style="width: 100%; height: 25px;" type="text"/>	Name:	<input style="width: 100%; height: 25px;" type="text"/>
	Business:	<input style="width: 100%; height: 25px;" type="text"/>	Name:	<input style="width: 100%; height: 25px;" type="text"/>
	Cell:	<input style="width: 100%; height: 25px;" type="text"/>	Name:	<input style="width: 100%; height: 25px;" type="text"/>
	Cell:	<input style="width: 100%; height: 25px;" type="text"/>	Name:	<input style="width: 100%; height: 25px;" type="text"/>
	Fax:	<input style="width: 100%; height: 25px;" type="text"/>	E-Mail:	<input style="width: 100%; height: 25px;" type="text"/>

Ontario law requires that the transfer of title document contain a statement regarding the spousal status of **all** registered title holders and of all spouses not on title. Please indicate the spousal status for each of the persons currently on title and enter who you are married to by entering the number (#) of the line their name appears (print). Circle one

List Legal Names & Occupations of all parties

- | | |
|-----------|---|
| #1. _____ | Married to #_____ / Not A Spouse / Separated / Single |
| #2. _____ | Married to #_____ / Not A Spouse / Separated / Single |
| #3. _____ | Married to #_____ / Not A Spouse / Separated / Single |
| #4. _____ | Married to #_____ / Not A Spouse / Separated / Single |

Circle one

- Is **your** present legal name different from when you purchased the property and as shown on your Transfer/Deed?

Yes/No

- Has any part of the property been used for business or commercial purposes? Yes/No
- Have there been any additions or renovations for which the municipal "final inspections" have not been completed and clearances given? Yes/No
- Do you own an interest in an adjoining property? Yes/No
- Are there any possible or actual law suits, liens, judgments, default payments or other matters that could affect the sale? Yes/No

If anyone is coming off title please note the name/s of the individual/s being removed

Taxes: Last years total amount paid \$_____ Amount paid for current year \$_____ () copy

This years total taxes \$_____ PIN Number _____

Tax Roll Number _____

Banking holding Existing First Mortgage: _____ Address: _____

Phone: () _____ Fax: () _____

Mortgage Loan No. _____ Prepayment Penalty Yes/No

Banking holding Existing Second Mortgage: _____ Address: _____

Phone: () _____ Fax: () _____

Mortgage Loan No. _____ Prepayment Penalty? Circle one Yes/No

Do you have a Line of Credit? Yes/No

Is there a Line of Credit registered against the property you are refinancing? Yes/No

If yes, fill in the following

Name of Financial Institution: _____

Address of Financial Institution: _____

Contact: _____ Phone: () _____ Ext: _____

Loan No.: _____ Fax: () _____

NEW MORTGAGE INFORMATION

Have you applied for a mortgage YES/NO Total Debits to be paid out _____
 Outstanding conditions _____

Are you arranging your mortgage direct through a bank/Mortgage Company/Mortgage Broker (circle one)

Name of Bank/ Mortgage Company or Mortgage Broker _____

Address of Bank/ Mortgage Company or Mortgage Broker _____

Name of Bank Financial Advisor or Mortgage Specialist _____

Phone _____ Fax _____ Email _____

Insurance – Kindly provide us with your current Insurance Information. Do not forget that we will need a new insurance binder

Insurance Broker: _____ Contact Name: _____

Policy No.: _____ Phone: (____) _____ Ext: _____ Fax: (____) _____

Is the property you are selling a Condominium? Yes/No (Circle one)

If so, kindly provide the following:

Condominium Corporation Name: _____

Management Company Name: _____

Management Company Address: _____

Management Company Telephone Number: (____) _____ Ext: _____ Fax: (____) _____

Please provide the following documents as soon as possible by fax or mail:

1. *Transfer/Deed*
2. *Charges/Mortgage(s) plus most recent mortgage statement(s)*
3. *Survey, not applicable if condominium*
4. *Latest Property Tax Bill*
5. *Latest utility bills (Hydro, Gas & Water)*
6. *Power of Attorney documents if applicable*
7. *Latest credit card bills (if we are paying out credit cards)*
8. *Current Status Certificate (if a condominium)*

We Can Not commence work on your file until we receive a completed questionnaire & confirmation of representation

Name (Print)

Name (Print)

Signature

Date

Signature

Date