

Thank you for applying for an Equitable Bank reverse mortgage. This application contains sensitive personal information. Please safeguard and return using a secure method including;

1. Email to your Equitable Bank representative or to **reversemortgage@eqbank.ca**

2. Mail or courier to:

Equitable Bank Tower C/O Reverse Mortgage Team

30 St. Clair Avenue West, Suite 700, Toronto, Ontario M4V 3A1

To explore a range of resources specifically designed for seniors, we invite you to visit our “Seniors and Us” webpage found at www.equitablebank.ca

Questions? Contact us at reversemortgage@eqbank.ca OR 1-800-931-2840

APPLICANTS: ALL TITLEHOLDERS ON THE PROPERTY MUST APPLY AS BORROWERS

INFORMATION ON PRIMARY APPLICANT				
LAST NAME	FIRST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS	
MAIDEN NAME (IF APPLICABLE)	DATE OF BIRTH		YEARS AT CURRENT ADDRESS	
CURRENT HOME ADDRESS		CITY	PROVINCE	POSTAL CODE
EMAIL ADDRESS	HOME PHONE NUMBER		BUSINESS PHONE NUMBER	
EMPLOYMENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Other (provide details):				
CURRENT EMPLOYER NAME (IF APPLICABLE)	OCCUPATION		EMPLOYMENT TYPE <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Seasonal	

INFORMATION ON JOINT APPLICANT (IF APPLICABLE)				
LAST NAME	FIRST NAME	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS	
MAIDEN NAME (IF APPLICABLE)	DATE OF BIRTH		YEARS AT CURRENT ADDRESS	
CURRENT HOME ADDRESS <input type="checkbox"/> Same as Primary Applicant		CITY	PROVINCE	POSTAL CODE
EMAIL ADDRESS	HOME PHONE NUMBER		BUSINESS PHONE NUMBER	
EMPLOYMENT STATUS <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Other (provide details):				
CURRENT EMPLOYER NAME (IF APPLICABLE)	OCCUPATION		EMPLOYMENT TYPE <input type="checkbox"/> Part time <input type="checkbox"/> Full time <input type="checkbox"/> Seasonal	
RELATION TO PRIMARY APPLICANT				

SOURCES OF INCOME		
SOURCE	MONTHLY AMOUNT	
	PRIMARY APPLICANT	JOINT APPLICANT (IF APPLICABLE)
SALARY / HOURLY		
COMMISSION		
FINANCIAL INVESTMENT INCOME (I.E. DIVIDENDS)		
OLD AGE SECURITY (OAS)		
CANADA PENSION PLAN (CPP)		
BUSINESS INCOME		
OTHER PENSION		
OTHER (PLEASE SPECIFY)		

INFORMATION ON SUBJECT PROPERTY				
PROPERTY ADDRESS	<input type="checkbox"/> Same as Primary Applicant	CITY	PROVINCE	POSTAL CODE
TYPE OF PROPERTY				
<input type="checkbox"/> Detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/> Other:				
DO ALL BORROWERS RESIDE IN THE PROPERTY FOR AT LEAST SIX MONTHS EACH CALENDAR YEAR?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
IS PART OF THE PROPERTY RENTED?				
<input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, GROSS MONTHLY RENTAL INCOME \$ _____				
ARE THERE OUTSTANDING DEBTS SECURED AGAINST THE PROPERTY (E.G. MORTGAGES, HOME EQUITY LINE OF CREDIT [HELOC], HOME EQUITY LOAN)?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
ESTIMATED PROPERTY VALUE				
\$ _____				
AMOUNT/BALANCE(\$)				
ANNUAL PROPERTY TAX _____				
MONTHLY CONDO FEES (IF APPLICABLE) _____				
ARE THERE OUTSTANDING DEBTS SECURED AGAINST THE PROPERTY (E.G. MORTGAGE, HELOC, HOME EQUITY LOAN)? IF YES, PLEASE INDICATE BELOW:				
	BALANCE	FINANCIAL INSTITUTION/LENDER		
FIRST MORTGAGE	_____	_____		
SECURED OR HOME EQUITY LINE OF CREDIT	_____	_____		
SECOND MORTGAGE	_____	_____		

OTHER: _____

YOUR REVERSE MORTGAGE

REVERSE MORTGAGE AMOUNT REQUESTED	INTEREST RATE <input type="checkbox"/> Fixed <input type="checkbox"/> Adjustable	INTEREST TERM <input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 5 Year
REQUESTED INITIAL ADVANCE (IF APPLICABLE)	REQUESTED MONTHLY ADVANCE (IF APPLICABLE) 5 year adjustable rate only	
INTENDED USE OF FUNDS (CHECK ALL THAT APPLY)		
<input type="checkbox"/> More Monthly Cash Flow	<input type="checkbox"/> Pay off Debts	<input type="checkbox"/> Renovations/Home Upgrades
<input type="checkbox"/> Investment	<input type="checkbox"/> Gift	<input type="checkbox"/> Major Purchase
<input type="checkbox"/> Other:		

INFORMATION ON ADDITIONAL PROPERTIES (IF APPLICABLE. E.G., RENTALS, VACATION HOMES, ETC.)

PROPERTY ADDRESS (STREET, CITY, PROVINCE, POSTAL CODE)	ESTIMATED PROPERTY VALUE	MONTHLY RENTAL INCOME	MONTHLY MORTGAGE PAYMENT	MONTHLY CONDO FEES	ANNUAL PROPERTY TAX

INFORMATION ON FINANCIAL ASSETS (VERIFICATION OF ABILITY TO COVER ANNUAL PROPERTY EXPENSES)

FINANCIAL INSTITUTION	DESCRIPTION (E.G. TFSA, RRSP/RRIF, SAVINGS/UNREGISTERED)	BALANCE (\$)	
		PRIMARY APPLICANT	JOINT APPLICANT (IF APPLICABLE)
TOTAL			

INFORMATION ON REFERRERS

WERE YOU REFERRED TO US BY A MORTGAGE BROKER, FINANCIAL ADVISOR OR FRIEND?

Mortgage broker

Financial advisor

When your reverse mortgage funds, we'll send you and your friend \$250.

See full terms and conditions at equitablebank.ca/refer-friend

Friend – please tell us their name: _____

Privacy

By completing this Application, you agree that Equitable Bank may collect, use and disclose your information in accordance with the terms of its Privacy Agreement and federal legislation, which may including providing information to third parties. A copy of the Privacy Agreement has been provided to you, along with this application, and is also available on Equitable Bank's website and in its offices. You may also request a copy of the Privacy Agreement by contacting Equitable Bank.

Credit Report Consent

You agree that we may obtain a credit report on you from any credit reporting agency in connection with this or any other application.

Signatures

By signing below, you certify that all information provided by you in this Application is true and accurate in all respects and that you will immediately notify Equitable Bank if any of this information changes. Your signature further signifies your acceptance of the terms set out in this Application and your acknowledgement that Equitable Bank is in no way obligated to approve your Application.

Signed this _____ day of _____, 20_____.

Primary Applicant: _____ Joint Applicant (if applicable): _____