



For Office Use Only  
 WAPP Reference # \_\_\_\_\_  
 Servicing Branch # \_\_\_\_\_

**Primary Applicant:**

Name (first/init./last): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Home: (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_  
 Years at Res.: \_\_\_\_\_ Months: \_\_\_\_\_  
 Previous Address: \_\_\_\_\_  
 \_\_\_\_\_ Yrs.: \_\_\_\_\_

**Know Your Customer (KYC)**

Male  Female Birth Date: (M/D/Y) \_\_\_\_\_  
 Marital Status: \_\_\_\_\_  
 Single S.I.N.: \_\_\_\_\_  
 Married No. of Dependents: \_\_\_\_\_  
 Widowed ID Type: \_\_\_\_\_ Reference # \_\_\_\_\_  
 Separated ID Type: \_\_\_\_\_ Reference # \_\_\_\_\_  
 Divorced  
 Common Law ID Type: \_\_\_\_\_ Reference # \_\_\_\_\_  
**Dwelling Status:**  Rent  Own  
 Rents & Buying  Living with parents  
 Other: \_\_\_\_\_

**Employment**

**Current Employer:** \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_  
 Job Description: \_\_\_\_\_  
 Annual Income: \$ \_\_\_\_\_  
 Length of Employment: Yrs.: \_\_\_\_\_ Mths.: \_\_\_\_\_  
 Industry Sector: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
**Income Type:**  Salaried  Self Employed  Pensioner  
 Alimony/Support  Commission  Contract  
 Other: \_\_\_\_\_  
 Additional Income: \_\_\_\_\_ \$ \_\_\_\_\_  
**Previous Employer:** \_\_\_\_\_  
 Job Description: \_\_\_\_\_  
 Annual Income: \$ \_\_\_\_\_  
 Length of Employment: Yrs.: \_\_\_\_\_ Mths.: \_\_\_\_\_  
 Industry Sector: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

**Existing Insurance Coverage**  
 **Group Life Insurance** (i.e. Employer or Association Plan) Coverage Amount \$ \_\_\_\_\_  
 **Personal Life Insurance** (i.e. Individual Coverage) Coverage Amount \$ \_\_\_\_\_  
 **Credit Protection Insurance** (i.g. Mortgage Insurance) Coverage Amount \$ \_\_\_\_\_  
**Critical Illness Insurance** coverage under existing plan(s)  Yes  No  
**Disability Insurance** coverage under existing plan(s)  Yes  No

**Assets / Liabilities**  

Types / Description	Financial Institution	Years	Asset Value	Liability Bal.	Mthly. Pymt.	Co-Borrower
_____	_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

**Real Estate**  
 Address: \_\_\_\_\_ \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Assets: \$ \_\_\_\_\_  
 Total Liabilities: \$ \_\_\_\_\_  
 Net Worth: \$ \_\_\_\_\_

**Mortgage Property**  
 Street Address: \_\_\_\_\_ Apt.: \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_  
 Monthly Maintenance: \$ \_\_\_\_\_ Annual Property Taxes: \$ \_\_\_\_\_  
 Lot Number: \_\_\_\_\_ **Tenure Code:**  Freehold  Leasehold  Condo  
 Plan No.: \_\_\_\_\_ **Lot Size:** Length: \_\_\_\_\_ Width: \_\_\_\_\_  
 Partial Lot No.: \_\_\_\_\_  Feet  Metres  
 Conc./Twnshp.: \_\_\_\_\_ **Building Age:** Months: \_\_\_\_\_ Years: \_\_\_\_\_  
**Building Size:** Length: \_\_\_\_\_ Width: \_\_\_\_\_  
 Feet  Metres  
 Dwelling Type: \_\_\_\_\_ **Owner Type:**  Investor  Primary, Owner Occupied  Secondary, Owner Occupied  
 House Type: \_\_\_\_\_ **Building Type:**  New  Existing  Improvement  
 Zoning: \_\_\_\_\_ **Environmental Hazard:**  Yes  No  
 Square Footage: \_\_\_\_\_

**Joint Applicant/Guarantor:**

Name (first/init./last): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Home: (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_  
 Years at Res.: \_\_\_\_\_ Months: \_\_\_\_\_  
 Previous Address: \_\_\_\_\_  
 \_\_\_\_\_ Yrs.: \_\_\_\_\_

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_____	_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>

**Real Estate**  
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 Dwelling Type: \_\_\_\_\_ **Owner Type:**  Investor  Primary, Owner Occupied  Secondary, Owner Occupied  
 House Type: \_\_\_\_\_ **Building Type:**  New  Existing  Improvement  
 Zoning: \_\_\_\_\_ **Environmental Hazard:**  Yes  No  
 Square Footage: \_\_\_\_\_

**Qualification**

Purchase Price/Value:	\$ _____	<b>Type of Financing:</b>	<b>Product Type:</b>	<b>Property Description</b>
Downpayment* or	\$ _____	<input type="checkbox"/> Purchase	<input type="checkbox"/> Mortgage	<input type="checkbox"/> Major Urban Centre
Existing Mortgage	\$ _____	<input type="checkbox"/> Mortgage Transfer	<input type="checkbox"/> HELOC	<input type="checkbox"/> Urban Centre
Required Financing:	\$ _____	<input type="checkbox"/> Refinancing	<input type="checkbox"/> Pre approval	<input type="checkbox"/> Non Urban/Recreational
CMHC/Genworth premium:	\$ _____	<input type="checkbox"/> Transfer Existing NHA		<input type="checkbox"/> Rental
Total Mortgage	\$ _____	<input type="checkbox"/> Other: _____		
<b>*Downpayment Source:</b>	<input type="checkbox"/> Own resources	<input type="checkbox"/> Borrowed from Liquid Assets	<input type="checkbox"/> Gift:	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> RRSP	<input type="checkbox"/> Sale of other Property	Address: _____	

**Payments**

**Mortgage Type:** Closing Date: \_\_\_\_\_ (Month/Day/Year)

Regular Mortgage Amount: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % Term: \_\_\_\_\_ Amortization: \_\_\_\_\_ Yrs.

Weekly  Bi Weekly  Semi Monthly  Monthly

Rapid Weekly  Rapid Bi-Weekly

Home Equity Line of Credit  Credit Limit: \$ \_\_\_\_\_  Variable Rate Amount: \$ \_\_\_\_\_

Fixed Rate Amount: \$ \_\_\_\_\_ Interest Rate: \_\_\_\_\_ % Term: \_\_\_\_\_ Amortization: \_\_\_\_\_ Yrs.

Mortgage Payment: \$ \_\_\_\_\_  Including  Life Insurance  Critical Illness Borrower: \_\_\_\_\_

(Monthly) Heat: \$ \_\_\_\_\_  Life Insurance  Critical Illness Borrower: \_\_\_\_\_

Taxes: \$ \_\_\_\_\_

Condo Fees: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_ / Total Income: \$ \_\_\_\_\_ = GDSR: \_\_\_\_\_ %

+ Liabilities: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_ / Total Income: \$ \_\_\_\_\_ = TDSR: \_\_\_\_\_ %

**Solicitor Information**

**In-House Registration**  Yes  No

Lawyer's Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

Fax Number: \_\_\_\_\_ ( ) \_\_\_\_\_

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**Mortgage Reference:**

Source of Business: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ( ) \_\_\_\_\_

Service Plus Id.: \_\_\_\_\_ ( ) \_\_\_\_\_

In this section, the words *you, your* and *yours* mean the Applicant, Joint Applicant(s) and any guarantor(s). The words *we, us* and *our* mean the TD Bank Financial Group\*.

WAPP Reference # \_\_\_\_\_

**By signing below, you certify that:**

- you are applying for the accounts and services indicated in this Application;
- the information provided is true and correct;
- you do not intend to use the proceeds of the credit facility for business purposes; and
- you will be bound by the terms and conditions of each credit facility applied for, as amended by us from time to time.

**If you are applying for a Mortgage or Home Equity Line of Credit, you confirm that:**

- you will pay any evaluation, inspection and legal expenses related to this Application;
- you have not been refused a loan on the security; and
- you are not in arrears on your present mortgage.

**Consent to the Collection, Use and/or Disclosure of Your Information**

You agree that, at the time you begin a relationship with us and during the course of this relationship, we may collect, use and disclose your Information as described in the Privacy Agreement provided with this Application and located on td.com, including for, but not limited to, the purposes of identifying you, providing ongoing service, understanding your financial needs, marketing products and services to you by telephone, fax, and automatic dialing-announcing device, at the numbers you have provided us, or by internet and mail or other methods, protecting us both from fraud and error and complying with legal and regulatory requirements.

**Credit Consent**

**We will obtain information and reports about you from credit reporting agencies and other lenders at the time of and during the application process, and on an ongoing basis to review and verify your creditworthiness and/or establish credit and hold limits.** You may choose not to have us conduct a credit check in order to assess an application for credit. Once you have such a facility or product with us, we may from time to time disclose your Information to other lenders and credit reporting agencies seeking such Information, which helps establish your credit history and supports the credit granting and processing functions in general. If you have a credit product with us, you may not withdraw your credit consent.

**Credit Products**

If you are applying for a Mortgage or a Home Equity Line of Credit, or other product that may be insured by mortgage default insurance, you agree that a mortgage default insurer may also obtain Information about you from a credit reporting agency from time to time, and may use such information for any purpose related to the credit product and the mortgage default insurance.

You agree that the approval or granting of any credit by us to you, with or without mortgage default insurance, is not to be construed or relied on by you as representing the value or condition of any underlying security or that it confirms that you have the ability to pay the credit facility.

You agree that we make no representation, warranty, statement, recommendation, guarantee or endorsement with respect to any investment or with any goods or services purchased using the credit facility.

\*The TD Bank Financial Group means The Toronto-Dominion Bank and its affiliates, who provide deposit, investment, loan, securities, trust, insurance and other products or services.

**Third Party Statement**

Will this credit facility be used by or on behalf of a person other than the Applicant or Joint Applicant?

- Yes (complete Third Party Statement form #592018)
- No

**Purpose of Account**

At this time, this credit facility is intended to be used primarily for the following purpose:

- to purchase real estate property
- to improve/renovate real estate property
- to purchase personal property
- to refinance/consolidate existing debt
- to have available credit for future use
- other (explain): \_\_\_\_\_

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_  
(sign and print name)

Witness: \_\_\_\_\_  
(sign and print name)

Joint Applicant/Guarantor: \_\_\_\_\_  
(sign and print name)

Witness: \_\_\_\_\_  
(sign and print name)