

## Contact Information

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ # of Years: \_\_\_\_\_

Present Address: \_\_\_\_\_ # of Years: \_\_\_\_\_

## Client Information

What are your goals with regards to this mortgage?

- Purchase: Price range from \$ \_\_\_\_\_ to \$ \_\_\_\_\_  
Downpayment available \$ \_\_\_\_\_
- Obtain a lower rate: Current rate \_\_\_\_\_ %
- Consolidate debt: Amount \$ \_\_\_\_\_
- Renovations: Amount \$ \_\_\_\_\_ Type of Renovations \_\_\_\_\_
- Other: Explain \_\_\_\_\_

What is the amount of the mortgage payment that you believe would fit your current lifestyle?

From \$ \_\_\_\_\_ to \$ \_\_\_\_\_ per month.

What interest rate do you expect to obtain?

From \_\_\_\_\_ % to \_\_\_\_\_ %

Do you plan on moving in the next 5 years? If yes, when? \_\_\_\_\_

Do you believe your current home will meet your families needs over the next five years? If no, why?

Do you typically receive bonus or commission income in addition to your regular income? If yes, how often?

## Client Information Continued

Do you intend to make a lump sum payment or payments on your mortgage to pay it off faster?  Yes  No

### Which is the most important to you?

- Debt repayment: Paying your mortgage off as soon as possible?
- Cash Flow: Having a low or the lowest interest rate possible?

### Which is the most important to you?

- Mortgage Payment: Having a payment that fits your cash flow?
- Interest Rate: Having a low or the lowest interest rate possible?

### When it comes to your mortgage payment, would you say that you would like a mortgage payment that:

- Stays the same month to month?
- Might increase or decrease if there is the potential to save money?

### If given the option to have a variable interest rate that is lower than a fixed interest rate, would you:

- Be willing to watch interest rates on a monthly basis to ensure that your mortgage has the best rate possible?

OR

- Prefer to have a fixed interest rate that did not fluctuate and did not require regular attention?

## Risk Tolerance

Choose the number that best reflects your financial risk tolerance:

- 0 None
- 1
- 2 Low
- 3
- 4 Medium
- 5
- 6 Medium High
- 7
- 8 High
- 9
- 10 Maximum

**Clarification:** By signing below you certify that the information in this form is accurate and will be considered current unless we are notified otherwise. Personal information will be held in the strictest of confidence and only released to third parties to fulfill our obligations to you or to comply with regulatory requirements or when required by law.

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