

# Peter J. Dudzic

LAW OFFICE

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## MORTGAGE INFORMATION FORM

Please email to [reception@dudziclaw.ca](mailto:reception@dudziclaw.ca), or fax this form back to us as soon as possible. We look forward to assisting you.

### NEW MORTGAGE INFORMATION:

**Client A:**  
Last Name(s) \_\_\_\_\_

First and Middle name(s) \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Spousal Status:**

Married      Separated      Divorced  
Single      Widowed      Common Law

If Married, spouse's name: \_\_\_\_\_

**Telephone:**

**Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

Best Number to reach during the Day:

Home      Work      Cell

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

**Client B:**  
Last Name(s) \_\_\_\_\_

First and Middle name(s) \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Spousal Status:**

Married      Separated      Divorced  
Single      Widowed      Common Law

If Married, Spouse's Name: \_\_\_\_\_

**Telephone:**

**Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Cell:** \_\_\_\_\_

Best Number to reach during the Day:

Home      Work      Cell

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

**EXISTING MORTGAGE INFORMATION**

**First Mortgage** – Branch, Telephone Number AND Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Mortgage Reference Number: \_\_\_\_\_ Approximate Balance \_\_\_\_\_

**Second Mortgage** – Branch, Telephone Number AND Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Mortgage Reference number: \_\_\_\_\_ Approximate Balance \_\_\_\_\_

**FIRE INSURANCE (NOT APPLICABLE FOR CONDOMINIUMS)**

Name and Telephone Number of Agent: \_\_\_\_\_

**\*\*IMPORTANT: Please provide a Copy of Your Current Insurance Policy in advance.\*\***

**FOR CONDOMINIUMS ONLY – Please provide a Copy of your Current Insurance Policy for the Condo. Please also provide the Name of the Property Manager and their Telephone Number -**  
\_\_\_\_\_

**REALTY (Property) TAXES**

Paid by:

You                      Mortgage Company                      Pre-authorized Payment Plan with the City

**If you pay the City of Hamilton by Pre-authorized Payment Plan – please indicate if you are on a 10 month or 12 month Plan –**

\_\_\_\_\_ Month Plan                      Date of Last Payment: \_\_\_\_\_

Amount of Realty Taxes Paid per MONTH: \$ \_\_\_\_\_

**\*Please provide a current Property Tax Invoice\*.**

Do you have a survey of the property: Yes \_\_\_\_\_ No \_\_\_\_\_

Is this a rental property: Yes \_\_\_\_\_ No \_\_\_\_\_

**OTHER DEBTS BEING PAID FROM MORTGAGE PROCEEDS:**

List the Name, Account Number, and the Approximate Balance:

**\*Please provide to our office the current statement (s) as soon as possible.\***

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Mandatory Identification:** Please be advised that you will need to produce two pieces of identification: Photo Id (Valid Driver’s License or Passport) and either SIN card, birth certificate or credit card. **\*This is mandatory.\*** Please come to our office asap to present this identification (we will photocopy it for the file). **\*Please check our website under Resources for a list of suitable Identification.**  
**\* If you do not have the required identification, please telephone us immediately to discuss.**

**Void Cheque:** We are sometimes required to provide the bank (or condo corporation, if applicable) with a void cheque. ***Your cheque must have your pre-printed name on it.***

**Checklist:**

- Ensure you have completed & provided all information required on this form. Ensure all sections are completed!
- Ensure you have the Mandatory Identification and please come to our office to present this PRIOR to the Closing (we will photocopy your ID for the file).
- Ensure you have provided a Copy of your most recent tax invoice, Insurance and VOID cheque (and any other documentation required on this form).
- Please email to [reception@dudziclaw.ca](mailto:reception@dudziclaw.ca), or fax this form back to us as soon as possible. Thank you.