

the better way to borrow

**HOMEFREE MORTGAGES**



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Real Mortgage Associates Inc

## CONSENT FORM

I/We warrant and confirm that the information given in the mortgage application form is true and correct and I/We understand that it is being used to determine my/our credit responsibility and to evaluate and respond to my/our request for mortgage financing. You are authorized to obtain any information you may require for these purposes from other (including, for example, credit bureaus) and each source is hereby authorized to provide you with such information. I/We also understand, acknowledge and agree that the information given in the mortgage application form as well as other information you obtain in relation to my credit history may be disclosed to potential mortgage lenders, mortgage insurers, other service providers, organizations providing technological or other support services required in relation to this application and any other parties with whom I/we propose to have a financial relationship.

I/we further acknowledge and agree that each potential mortgage lender, mortgage insurer or service provider to whom you provide the mortgage application and/or my/our personal information is permitted to receive such application and information and maintain records relating to me/us and my/our mortgage application and to hold, use communicate and disclose personal information about me/us, including Social Insurance Number (SIN) if I /we provide it, and collect personal information from me/us, you and from third persons, including credit bureaus, credit reporting and collection agencies, financial institutions, my/our past and present employers, creditors and tenants, my/our spouse or any other person who has information about me/us for the purposes of recording, evaluating and responding to my/our application for mortgage financing or related activities and I/we specifically consent to the release and disclosure of personal information by such persons to and among you and each potential mortgage lender, mortgage insurer or other service provider

NAME

SIGNATURE

DATE

NAME

SIGNATURE

DATE