



#4, 8 Columbia Avenue West

Devon, Alberta T9G 1Y6

Phone 780-666-2351

Fax 780-761-3651

Real Estate Refinance Questionnaire

Owner(s) Full Names: _____

If only one owner, are you married? Yes No

If YES:

Do you have a executed Dower Release? Yes No

OR

Will your spouse be consenting to the refinance? Yes No

Spouse's Full Name: _____

PROPERTY DETAILS

Closing Date: _____

Municipal Address: _____

Legal Description: Plan _____ Block ____ Lot ____

HOA Fees? Yes No

OR

Condominium Plan _____ Unit ____

Parking Stall Unit ____

Monthly Condominium Fees: _____



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Condominium Corporation Contact

Name: _____

Phone: _____

Do you have an existing Real Property Report (“RPR”) and Compliance Certificate showing the current state of the property? Yes No

If YES:

Date of the RPR: _____

Date of the Compliance Certificate: _____

If NO:

Will you be obtaining Title Insurance in lieu of an RPR?
 Yes No

OR

Will you be making arrangements to order a new RPR and Compliance Certificate?
 Yes No

NEW MORTGAGE

1. Mortgage Broker Name: _____

2. Mortgage Broker Telephone #: _____

3. Mortgage Broker Email: _____

4. Lender Name (bank): _____

5. Mortgage Amount: _____



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EXISTING MORTGAGE

Do you have a mortgage registered against the property?

Yes No

If YES:

1. Lender Name: _____

2. Mortgage #: _____

3. Current Balance Owing: _____

(If you have more than one mortgage registered against the property, please provide the same details for each mortgage.)

OTHER DEBTS

Do you have any other debts to be paid from the new financing?

Yes No

If YES, provide the following details:

1. Type of debt: _____

2. Account #: _____

3. Current Balance Owing: _____

(If you have more than one additional debt to be paid out, please provide the same details for each debt.)

INSURANCE

Insurance Broker Name (Company): _____

Contact Name: _____

Insurance Broker Telephone #: _____

Policy Number (if available): _____