



M O R T G A G E S

# Deal Approval Binder



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[info@streetwisemortgages.com](mailto:info@streetwisemortgages.com) | 1-800-208-6255

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# Introduction

Approved!

Is what every investor likes to hear when they submit a deal.

There is a lot of upfront planning with your lending advisor that has to take place BEFORE you purchase as we discussed on various occasions in our book and website that make, combined with working with an experienced lending advisor in the area of financing investment properties; that bring you to approval.

While the majority of the work is done by your lending advisor; you have a key role in this approval process.

Your role is to:

1. **Talk to your lending advisor re: planning ahead of** time not while you are in the midst of a deal
2. **Be organized** with all of the required documentation early in the game instead of stressing yourself out during the conditional period with all the paper work
3. **Share accurate information on the mortgage application** about your property holdings, income , assets and liabilities

This binder provides you with a check list and samples of the documents that you need to gather and have on file with your lending advisor ahead of time.

**Make it EASY for lenders to approve your application by being organized and accurate.**

We wish you phenomenal success in building your investment business and reaching your goals.

If you have any questions about the content in this kit or if you would like to discuss your investment plans with us; you may contact us at:

[info@streetwisemortgages.com](mailto:info@streetwisemortgages.com) or **1-800-208-6255**

Best Regards,  
Dalia Barsoum

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# Mortgage Application

A mortgage application is required for yourself and any others who are currently on title with you or plan to be on title with you for future purchases (example: Joint Venture Partners).

Provide your lending advisor with a copy for him/her to keep on file in preparation for you next deal.

APPLICANT INFORMATION	
Name:	SIN:
Date of Birth:	Home Phone No: Cell Phone No:
Current Address:	City:
Province: Ontario	Postal Code:
Do you currently own or rent?	Monthly Rent/Mortgage Payment:
How long have you owned / rented your house?	Status(Married/Divorced/Single)
<i>If you lived at this address for less than 3 years, please also provide previous address</i>	
Dependents                      0                      Ages	Email:
APPLICANT EMPLOYMENT INFORMATION	
Current Employer:	Current Employer Address:
Occupation:	How long:
Work phone number:	
Are you Employed or Self Employed?	
EMPLOYED	SELF EMPLOYED
Current Annual Salary:	Do you operate under a Corporation or a sole proprietorship?
Bonus ( if any) for the past 2 years:	Do you have a business license? If yes, specify the issuing date:
Are you paid Hourly? If yes, 1. Specify the income reported on line 150 from your 2 most recent Notice of Assessments  2. Do you work guaranteed hours?	What did you report as a gross income on your 2 most recent notice of assessments?
Are you paid Salary or Hourly?	What did you report as a net income (line 150) on your 2 most recent notice of assessments?
Previous Employer ( complete if you have been with your current employer less than 2 years) Occupation: Annual Income: How long:	Are you behind on filing your taxes or do you owe any taxes
	If you operate under a corporation, do you have 2 years financial statements for the Corp?
Previous Employer: Occupation: Annual Income:	

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How long:		
<b>CO- APPLICANT INFORMATION</b>		
Name:	SIN:	
Date of Birth:	Home Phone No: Cell Phone No:	
Current Address:	City:	
Province: Ontario	Postal Code:	
Do you currently own or rent?	Monthly Rent/Mortgage Payment:	
How long have you owned / rented your house?	Status(Married/Divorced/Single)	
<i>If you lived at this address for less than 3 years, please also provide previous address</i>		
Dependents                      0        Ages	Email:	
<b>CO-APPLICANT EMPLOYMENT INFORMATION</b>		
Current Employer:	Current Employer Address:	
Occupation:	How long:	
Work phone number:		
Are you Employed or Self Employed?		
<b>EMPLOYED</b>	<b>SELF EMPLOYED</b>	
Current Annual Salary:	Do you operate under a Corporation or a sole proprietorship?	
Bonus ( if any) for the past 2 years:	Do you have a business license? If yes, specify the issuing date:	
Are you paid Hourly? If yes, 3. Specify the income reported on line 150 from your 2 most recent Notice of Assessments  4. Do you work guaranteed hours?	What did you report as a gross income on your 2 most recent notice of assessments?	
Are you paid Salary or Hourly?	What did you report as a net income (line 150) on your 2 most recent notice of assessments?	
Previous Employer ( complete if you have been with your current employer less than 2 years) Occupation: Annual Income: How long:	Are you behind on filing your taxes or do you owe any taxes	
	If you operate under a corporation, do you have 2 years financial statements for the Corp?	
<b>OTHER SOURCES OF INCOME</b>		
Source of Income:	Amount on annual basis:	
<b>BANKING INFORMATION</b>		
Bank:	Address:	Account Type:
<b>ASSETS</b>		
<b>Current Property Holdings</b>		

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Property Address	Date Purchased and original price	Estimated Value	Mortgage Provider	Mortgage Balance	Monthly Mortgage PMT	Interest Rate	Mortgage Maturity	Annual Taxes	Condo Fees ( if any)

<b>RRSP</b>	<b>Cash</b>
<b>Stocks</b>	<b>Automobile:</b>
<b>Other ( specify):</b>	<b>TFSA</b>

APPLICATION TYPE AND LOAN REQUIREMENTS	
Application type: Pre-approval , re-finance , equity pull out, Approval	
Required loan amount :	
Notes: •	

GENERAL NOTES	
Specify in this section information about previous bankruptcies (bankruptcy date , discharge date , outstanding amounts)	

## Credit

### CREDIT REPORT

A credit report would be required for yourself and any others going with you on title down the road.

You may obtain a copy at [www.equifax.ca](http://www.equifax.ca)

Provide a copy to your lending advisor early in the game and discuss any issues/concerns showing on your credit with him/her.

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## CREDIT SUPPORT DOCUMENTS

If any collections or delayed payments that you have already paid are showing on your credit report, it is recommended that you have on file a proof of payment through the form of letters from the creditors or through receipts.

## Property Holdings Information

For each property, prepare the following list of documents:

1. Latest MPAC tax assessment
2. Copy of your most recent property tax bill
3. Lease agreement or tenant acknowledgements ( if the property is rented)
4. Copies of the latest mortgage statement with your name on the account and the property address on the statement

## Income Support

### EMPLOYED. FULL TIME

1. Your 2 most recent paystubs
2. If you receive a bonus : copies of your 2 most recent T4
3. A letter of employment from your employer ( valid for 30 days from the day of your application )

### EMPLOYED. PART TIME OR HOURLY

1. Your 2 most recent stubs
2. Your 2 most recent Notice of Assessment
3. A letter of employment from your employer(s) ( valid for 30 days from the day of your application )

### SELF EMPLOYED. SOLE PROP.

1. A copy of your business license
2. Your 2 most recent Notice of Assessment
3. Your 2 most recent T1 Generals

### SELF EMPLOYED. INCORPORATED

1. Your articles of incorporation
2. Your 2 most recent Notice of Assessment
3. Your 2 most recent T1 Generals
4. 2 years financial statements for the Corporation

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## **SELF EMPLOYED. COMISSIONED**

1. Your business or professional license
2. Your 2 most recent Notice of Assessment
3. A letter of employment from your employer(s) ( valid for 30 days from the day of your application )

## **Lawyer Information**

The contact information of your preferred lawyer.



# SAMPLE SUPPORT DOCUMENTS

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## 1. NOTICE OF ASSESSMENT

Canada Revenue Agency		Agence du revenu du Canada		NOTICE OF ASSESSMENT		T451 E (08)	
Date	Name	Social Insurance no.	Tax year	Tax centre			
May 5, 2007	Jane Doe	123 456 789	2007	Shawinigan QC G9N 7S6			
Summary							0000000
Line							\$ Amount
150	Total Income.....						00,000
	Deductions from total income.....						000
236	Net Income.....						00,000
260	Taxable Income.....						00,000
6150	Total Ontario non-refundable tax credits.....						000
420	Net federal tax.....						0,000.00
428	Net Ontario tax.....						0,000.00
435	Total payable.....						0,000.00
437	Total income tax deducted.....						0,000.00
448	CPP Overpayment.....						00.00
482	Total Credits.....						0,000.00
	(Total payable minus total credits).....						(000.00)
	Balance from this assessment.....						CR 000.00
	Direct deposit.....						CR 000.00
William V. Baker Commissioner of Revenue							
Date	Name	Social Insurance no.	Tax year	Tax centre			
May 5, 2007	Jane Doe	123 456 789	2007	Shawinigan QC G9N 7S6			
2008 RRSP Deduction Limit Statment							
The back of this notice contains important information. Amounts marked with an asterisk (*) cannot be less than zero.							
RRSP deduction limit for 2007.....						\$00,000	
Minus: Allowable RRSP contributions deducted in 2007.....						\$000	
Unused RRSP deduction limit at the end of 2007.....						\$00,000	
Plus: 18% of 2007 earned income of \$00,000 = (max. \$19,000).....						\$0,000	
Minus: 2006 pension adjustment.....						\$0 .. 0,000	
						\$00,000.00	
Minus: 2008 net past service pension adjustment.....						\$0	
Plus: 2008 pension adjustment reversal.....						\$0	
Your RRSP deduction limit for 2008.....						\$0,000 (*)	
You have \$0 (B) of unused RRSP contributions available for 2007. If this amount is more than amount (A) above, you may have to pay a tax on the excess contributions.							

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## 2. T4

For English information see back of copy 2  
Renseignements en français : verso de la copie 2

**2**

Employer's name - Nom de l'employeur

Canada Revenue Agency Agence du revenu du Canada

Year Année 2009

**T4**  
STATEMENT OF REMUNERATION PAID  
ÉTAT DE LA RÉMUNÉRATION PAYÉE

Employment income - line 101  
Revenu d'emploi - ligne 101 14 81931 39

Income tax deducted - line 437  
Impôt sur le revenu retenu - ligne 437 22 15515 03

Social insurance number  
Numéro d'assurance sociale 12

Province of employment  
Province d'emploi 10 BC

Employee's CPP contributions - line 308  
Cotisations de l'employé au RPC - ligne 308 16 2118 60

Employee's EI premiums - line 312  
Cotisations de l'employé à l'AE - ligne 312 18 731 79

Employee's QPP contributions - line 308  
Cotisations de l'employé au RRQ - ligne 308 17

Employee's EI premiums - line 312  
Cotisations de l'employé à l'AE - ligne 312 18

RPP contributions - line 267  
Cotisations à un RPA - ligne 267 20

Pension adjustment - line 208  
Facteur d'équivalence - ligne 208 32

Employee's PPIP premiums - see over  
Cotisations de l'employé au RPAP - voir au verso 35

EI insurable earnings  
Gains assurables d'AE 24

CPP/QPP pensionable earnings  
Gains ouvrant droit à pension - RPC/RRQ 26

Union dues - line 212  
Cotisations syndicales - ligne 212 44

Charitable donations - see over  
Dons de bienfaisance - voir au verso 46

RPP or DPSP registration number  
N° d'agrément d'un RPA ou d'un RPDS 50

PPIP insurable earnings  
Gains assurables du RPAP 56

Other information (see over)  
Autres renseignements (voir verso)

Box - Case Amount - Montant

40 2335 87

T4 (09) RC-08-478

For English information see back of copy 2  
Renseignements en français : verso de la copie 2

**3**

Employer's name - Nom de l'employeur

Canada Revenue Agency Agence du revenu du Canada

Year Année 2009

**T4**  
STATEMENT OF REMUNERATION PAID  
ÉTAT DE LA RÉMUNÉRATION PAYÉE

Employment income - line 101  
Revenu d'emploi - ligne 101 14 81931 39

Income tax deducted - line 437  
Impôt sur le revenu retenu - ligne 437 22 15515 03

Social insurance number  
Numéro d'assurance sociale 12

Province of employment  
Province d'emploi 10 BC

Employee's CPP contributions - line 308  
Cotisations de l'employé au RPC - ligne 308 16 2118 60

Employee's EI premiums - line 312  
Cotisations de l'employé à l'AE - ligne 312 18 731 79

Employee's QPP contributions - line 308  
Cotisations de l'employé au RRQ - ligne 308 17

Employee's EI premiums - line 312  
Cotisations de l'employé à l'AE - ligne 312 18

RPP contributions - line 267  
Cotisations à un RPA - ligne 267 20

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Facteur d'équivalence - ligne 208 32

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CPP/QPP pensionable earnings  
Gains ouvrant droit à pension - RPC/RRQ 26

Union dues - line 212  
Cotisations syndicales - ligne 212 44

Charitable donations - see over  
Dons de bienfaisance - voir au verso 46

RPP or DPSP registration number  
N° d'agrément d'un RPA ou d'un RPDS 50

PPIP insurable earnings  
Gains assurables du RPAP 56

Other information (see over)  
Autres renseignements (voir verso)

Box - Case Amount - Montant

40 2335 87

### 3. PAY STUB

PAYMENT DATE: 20100311

T/A 498 D/J

PAY END DATE: 20100305

T/A 498 D/J

STATEMENT OF EARNINGS AND DEDUCTIONS

EARNINGS	DATE YMMDD	RATE	CURRENT HRS/UNITS	CURRENT AMOUNT	YTD HRS/UNITS	YTD AMOUNT
REGULAR		21.0000	80.00	1680.00	387.50	8137.50
OVERTIME		0.0000	0.00	0.00	5.50	173.25
STATHOL		0.0000	0.00	0.00	8.00	168.00
TXBL LIF		0.0000	0.00	0.00	0.00	35.00
TXBL MED		0.0000	0.00	28.50	0.00	142.50
TXBLRRSP		0.0000	0.00	50.40	0.00	254.36
TOTAL EARNINGS				1758.90		8910.61
LESS TAXABLE BENEFITS				78.90		431.86
TOTAL GROSS				1680.00		8478.75
DEDUCTIONS	CURRENT AMOUNT	YTD AMOUNT		DEDUCTIONS	CURRENT AMOUNT	YTD AMOUNT
CPP	80.40	407.76		EI CONT	29.94	151.09
FEDL TAX	236.46	1214.28		ACCT REC	50.00	190.18
RR RRSP	50.40	254.36		LTD	23.08	115.40
TOTAL DEDUCTIONS					470.28	2333.07
NET PAY			1209.72			

NON NEGOTIABLE

AC00044 498

CONFIDENTIAL

10

DEDN. DEP. ACCT:


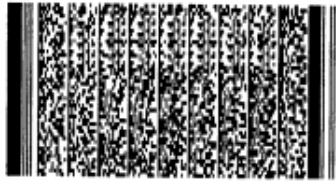
EMPL/PAYEE ID.:

OCCUPATION:

NO. PAY PER.: 05 OF 28

NET PAY: \$\*\*\*1209.72

#### 4. T1 GENERAL

	Canada Revenue Agency Agence du revenu du Canada	<b>T1 GENERAL 2007</b>					
<b>Income Tax and Benefit Return</b>							
<b>Identification</b>							
First name and initial _____ Last name _____ Mailing address: Apt No – Street No Street name _____ PO Box _____ RR _____ City _____ Prov /Terr. _____ Postal code _____							
<b>Information about your residence</b> Enter your province or territory of residence on December 31, 2007: <u>British Columbia</u> Enter the province or territory where you currently reside if it is not the same as that shown above for your mailing address: _____ If you were self-employed in 2007, enter the province or territory of self-employment: _____ If you became or ceased to be a resident of Canada in 2007, give the date of: _____ <div style="display: flex; justify-content: space-between;"> <span>Month Day entry</span> <span>or</span> <span>Month Day departure</span> </div>							
<b>Information about you</b>							
Enter your social insurance number (SIN): _____ Enter your date of birth: _____ Year Month Day Your language of correspondence: English <input type="checkbox"/> Français <input type="checkbox"/> Votre langue de correspondance: _____ <b>Check the box that applies to your marital status on December 31, 2007:</b> 1 <input checked="" type="checkbox"/> Married    2 <input type="checkbox"/> Living common-law    3 <input type="checkbox"/> Widowed 4 <input type="checkbox"/> Divorced    5 <input type="checkbox"/> Separated    6 <input type="checkbox"/> Single							
<b>Information about your spouse or common-law partner (if you checked box 1 or 2 above)</b> Enter his or her SIN: _____ Enter his or her first name: _____ Enter his or her net income for 2007 to claim certain credits: _____ Enter the amount of Universal Child Care Benefit included in his or her net income above: _____ Enter the amount of Universal Child Care Benefit repayment included on line 213 of his or her return: _____ Check this box if he or she was self-employed in 2007: 1 <input type="checkbox"/>							
<b>Person deceased in 2007</b> If this return is for a deceased person, enter the date of death: _____ Year Month Day <b>Do not use this area</b>							
<b>Elections Canada</b> A) Are you a Canadian citizen? ..... Yes <input checked="" type="checkbox"/> 1 No <input type="checkbox"/> 2 Answer the following question only if you are a Canadian citizen. B) As a Canadian citizen, do you authorize the Canada Revenue Agency to give your name, address, date of birth, and citizenship to Elections Canada for the National Register of Electors? ..... Yes <input type="checkbox"/> 1 No <input checked="" type="checkbox"/> 2 Your authorization is valid until you file your next return. This information will be used only for purposes permitted under the <i>Canada Elections Act</i> .							
<b>Goods and services tax/harmonized sales tax (GST/HST) credit application</b> See the guide for details. Are you applying for the GST/HST credit? ..... Yes <input type="checkbox"/> 1 No <input checked="" type="checkbox"/> 2							
							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: center;">Do not use this area</td> <td style="width: 10%; text-align: center;">172</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;">171</td> <td style="width: 20%;"></td> </tr> </table>			Do not use this area	172		171	
Do not use this area	172		171				
5000-R		RC-07-103					

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## 5. ARTICLES OF INCORPORATION

Page: 1

Request ID / Demande n°	Ontario Corporation Number Numéro de la compagnie en Ontario
9597330	2150040

FORM 1

FORMULE NUMÉRO 1

BUSINESS CORPORATIONS ACT

/

LOI SUR LES COMPAGNIES

### ARTICLES OF INCORPORATION STATUTS CONSTITUTIFS

- The name of the corporation is: *Dénomination sociale de la compagnie:*  
2150040 ONTARIO LIMITED
- The address of the registered office is: *Adresse du siège social:*  
455 PELISSER STREET  
(Street & Number, or R.R. Number & if Multi-Office Building give Room No.)  
(Rue et numéro, ou numéro de la R.R. et, s'il s'agit d'édifice à bureau, numéro du bureau)  
WINDSOR ONTARIO  
CANADA N9A 6Z9  
(Name of Municipality or Post Office) (Postal Code/Code postal)  
(Nom de la municipalité ou du bureau de poste)
- Number (or minimum and maximum number) of directors is: *Nombre (ou nombres minimal et maximal) d'administrateurs:*  
Minimum 1 Maximum 10
- The first director(s) is/are: *Premier(s) administrateur(s):*  
First name, initials and surname *Resident Canadian State Yes or No*  
*Prénom, initiales et nom de famille Résident Canadien Oui/Non*  
Address for service, giving Street & No. *Domicile élu, y compris la rue et le*  
or R.R. No., Municipality and Postal Code *numéro, le numéro de la R.R., ou le nom*  
*de la municipalité et le code postal*  
\* DARYL JAMES YES  
LOOF  
185-911 YATES STREET Suite 715  
VICTORIA BRITISH COLUMBIA  
CANADA V8V 4Y9

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## 6. BUSINESS LICENSE

Ontario		Master Business Licence	
Date issued: 2002-05-13 (yyyy-mm-dd)			
Business Name and Mailing Address:			
POWERED PARAGLIDING ONTARIO 630 WELLAND AVENUE ST. CATHARINES ON L2M 5V6			
Business Address: SAME AS ABOVE			
Telephone: (905) 688-5013 Ext:		Fax: (810) 592-5823	
E-Mail:			
Legal Name(s): RIER LTD. RIER LTD.			
Type of Legal Entity: SOLE PROPRIETORSHIP			
Business Information	Number	Effective Date (yyyy-mm-dd)	Expiry Date (yyyy-mm-dd)
BUSINESS NAME REGISTRATION	120315874	2002-05-13	2007-05-12
Page 1 of 1			
<small>To the Client: When the Master Business Licence is presented to any Ontario business program, you are not required to repeat information contained on this licence. Each Ontario business program is required to accept this licence when presented as part of its registration process. Call the Ontario Business Connects Helpline at 1-800-265-1921 or (416) 354-8101 or TDD (416) 326-4588 if you have any problems.</small>			
<small>To the Ontario business program: A client is not required to repeat any information contained in this licence in any other form used in your registration process.</small>			
SEP11			

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