



Purchase Intake Form

Property Address: _____

Full Name(s) Registered on Title	Date of Birth (dd/mm/yyyy)	Occupation/ Employer name, address and phone number

Spousal Status (check applicable box)

Single Legally Married Common Law Separated pursuant to a Separation Agreement
 Other _____

If married, are both spouses on title? Yes No

If not, name of spouse not on title: _____

Will you occupy the property as your principal family residence? Yes No

If no, please provide your address for service: _____

Is any Purchaser a first-time homebuyer? If yes, name: _____

How are you taking title? (N/A if only one purchaser) Joint Tenants Tenants in Common

Will you be placing a mortgage on the property? Yes No

If yes, please provide the contact information for your mortgage agent or broker (Name, company name, phone number, mortgage reference number.)

Home/Fire insurance will need to be in effect on closing. Please provide the contact information for your insurance agent or broker. (Name, company name, phone number, policy number.)

Is the property located on or near any of the following:

Waterfront Highway Ravine Escarpment Hydro Installations

Do you have an existing will? Yes No