Approved Lender Advise of Fraudulent, False and Misleading Information — Homeowner

To: Fraud Manager, Insurance Servicing Email (preferred): fraud@cmhc.ca					Date:			
Fax: 613-748-278		СМНС	/IHC account number (if available):			Primary surname:		
Lender contact	(required)							
First and last name:					Telephone number:			Extension:
Approved lender:					Email ad	dress:		
Loan informatio	n							
Borrower:								
First name:	Last name:	Last name:			Date of birth:			
Co-borrower:								
First name: Last name:					Date of birth:			
Property detail:								
Street number:	Street name:				Unit/apartment number:			
City:	Province or territory:			Postal code:			ode:	
Other information	on (Note: The inform	ation in this se	ection	is for reference or	nly)			
Borrower employer:	:		(Co-borrower employer	r:			
Name/employer's telephone number (optional):				Name/employer's telephone number (optional):				
Copy of employment letter attached				Copy of employment letter attached				
Employer information sent separately				Employer information sent separately				
Type of	Employment/incom	e Straw borro	wers	Inflated value	Down payment			
misrepresentation:	Occupancy	Undisclosed real estate	d	ID theft Other:				
Broker and brokerage	3 :	Lawyer and firm:			Real esta	ate agent a	and realtor	:

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CMHC.ca





Circumstances and related information

	y relevant documentation.		
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Print Form	Clear Form		

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