

Loan Pre-Qual Information

(Please complete and fax or mail back)

Date: _____

Name Borrower: _____ Name Co-Borrower: _____

Borrower SSN: _____ Co-Borrower SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: (Borrower) _____ Day Phone: (Co-Borrower) _____

Eve Phone: (Borrower) _____ Eve Phone: (Co-Borrower) _____

Borrower DOB: _____ Co Borrower DOB: _____

Looking to: _____ Purchase _____ Refinance within the next (circle one) 30 60 90 Days

Do you currently own a home? Yes _____ No _____ Current Mortgage Balance: _____

Current Mortgage Payment: _____ Current Int. Rate: _____ % Any Mortgage Lates? Yes No

Type of Mortgage Loan: FIXED | ARM | INTEREST ONLY

If you are Renting or Leasing what is your monthly rent? _____ Any Rent Lates? Yes No

How is your credit? _____ Excellent _____ Good _____ Fair _____ Poor

Foreclosure? Yes _____ No _____ If yes when? _____

Bankruptcy? Yes _____ No _____ If yes has it been discharged? Yes _____ No _____

If yes when? _____

Comments: _____

Borrower Signature

Co-Borrower Signature