

# Reverse Mortgage Pre-Qualification Form

\*Counseling must be done prior to application in TN and VT  
 \*No services can be ordered until the 7<sup>th</sup> day after counseling in CA  
 \*NBS in TX is not allowed



Charging Origination Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Max Orig. Fee <input type="checkbox"/> Other	\$

\*Highlighted fields are necessary

LOAN OFFICER NAME	
LOAN OFFICER NMLS ID	
LOAN OFFICER COMPANY	
LOAN OFFICER MOBILE:	

SPECIAL NOTES/NEAREST RELATIVE NAME/ADDRESS/PHONE:
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<b>BORROWER FULL NAME</b>		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>DATE OF BIRTH</b>		<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED
HOME PHONE		EMAIL ADDRESS
IMMIGRATION:	<input type="checkbox"/> US CITIZEN <input type="checkbox"/> LEGAL/PERM RESIDENT <input type="checkbox"/> OTHER	RACE: <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NOT DISCLOSED
ETHNICITY:	<input type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT DISCLOSED	

\*IF THE BORROWER IS MARRIED WE MUST KNOW THE SPOUSE'S DOB UNLESS THE SPOUSE DOES NOT RESIDE IN THE SUBJECT PROPERTY\*

<b>CO-BORROWER FULL NAME</b>		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>DATE OF BIRTH</b>		<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED
HOME PHONE		EMAIL ADDRESS
IMMIGRATION:	<input type="checkbox"/> US CITIZEN <input type="checkbox"/> LEGAL/PERM RESIDENT <input type="checkbox"/> OTHER	RACE: <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NOT DISCLOSED
ETHNICITY:	<input type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT DISCLOSED	

<b>PROPERTY ADDRESS</b>		<b>ZIP CODE:</b>	
<b>MONTHLY INCOME</b>	\$	<b>EST. PROPERTY VALUE</b>	\$
<b>MONTHLY MIN. PYMTS</b>	\$	<b>EXISTING MTG BALANCE</b>	\$
<b>PROPERTY TAX AMT</b>	\$ <small>MO/YR</small>	<b>ADD'L LIENS TO PAYOFF</b>	\$
<b>HAZARD INSURANCE AMT</b>	\$ <small>MO/YR</small>	<b>OUTSTANDING JUDGMENTS</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SQUARE FT OF HOME</b>		<b>DEFAULT ON FEDERAL DEBT</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NO. OF ADULTS IN HOME</b>		<b>POWER OF ATTORNEY</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>YEAR BUILT/HOW LONG LIVED IN PROPERTY:</b>		<b>BWR INCOMPETENT (MENTAL CONDITION)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PROPERTY TYPE</b>	<input type="checkbox"/> SFR <input type="checkbox"/> MULTI UNIT <input type="checkbox"/> CONDO (FHA APPROVED) <input type="checkbox"/> MODULAR HOME	<b>ESTATE</b>	<input type="checkbox"/> FEE SIMPLE <input type="checkbox"/> LIFE ESTATE <input type="checkbox"/> LEASEHOLD
<b>PURPOSE OF LOAN</b>	<input type="checkbox"/> ADD'L INCOME <input type="checkbox"/> HOME IMPROV. <input type="checkbox"/> ELIMINATE MORTGAGE <input type="checkbox"/> LEISURE <input type="checkbox"/> MEDICAL <input type="checkbox"/> PAY TAXES/INSURANCE <input type="checkbox"/> OTHER _____		

Please send this completed form directly to your Account Executive