

Email:

Address:

PRE-APPLICATION CHECKLIST

Borrower Name:			ı	Phone:			_
How long have you owne	ed your home?				_		
Is your home owner-occu	YES		NO				
Have you received a Notice of Default?			YES		NO		
How many mortgages do you have on the home?							
1st Amount				2nd Amou	nt		
1st Lender name:			2nd Lende	r Name:			
How old?		How old?			_		
Are you currently delinquent on any of your mortgages?					YES		NO
If delinquent, when was the last payment made on your mortgage:							
1st Mortgage Payment	\$			_			
2nd Mortgage Payment	\$			_			
How about other debts, are you current on these payments? Are there any other lliens on your property?					YES		NO
Are you current on your		perty insuranc	e?		YES		NO
What has caused the hardship in maintaining your payments? How has your financial situation changed?							
 Payment Shock (Adjusted) Loss of Job Reduced Income Failed Business Job Relocation Divorce Death of Spouse or Colliness Incarceration Military Duty Medical Bills Care For Elderly Parent Education or Child Ca 	nts			to	<u>*</u>		
Did you use Stated Incon	ne when qualifying fo	r this loan?			YES		NO
Notes:							