

# Reverse Mortgage Pre-Qualification Form



- Quote
- Counseling Package
- Application Package
- Attach Tri-Merge Credit Report

- Application Taken By
- Face to Face
  - Mail
  - Telephone

\*Highlighted fields are necessary

Application Delivery Date

Loan Officer Name
Loan Officer NMLS ID
Loan Officer Company
Loan Officer Mobile

Notes/Special Instructions:

<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	SSN
Immigration <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal/ Perm Resident <input type="checkbox"/> Other	Email Address Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <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	SSN
Email Address	Race <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Disclosed
Immigration <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal/ Perm Resident <input type="checkbox"/> Other	
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>	Primary Residence <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Monthly Min. Pymts</b>	<b>Existing MTG Balance</b>	Owner Occupied <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Property Tax Amt</b>	<b>Add'l Liens to Payoff</b>	Existing FHA Loan <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Hazard Insurance AMT</b>	<b>Outstanding Judgment</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	Property in Bankruptcy <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	Property in Foreclosure <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	Property Held in Trust <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>BWR Incompetent</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Mental Condition)</small>		<b>BWR Incapacitated</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
Property Type <input type="checkbox"/> SFR <input type="checkbox"/> Multi Unit <input type="checkbox"/> Condo (FHA Approved) <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Modular Home		Estate <input type="checkbox"/> Fee Simple <input type="checkbox"/> Life Estate <input type="checkbox"/> Leasehold	
Purpose of Loan <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 _____			

- ① Counseling    ② Application    ③ FHA Case Number Request    ④ Order Services (Appraisal/Title)    ⑤ Submit to UW