



Platinum Service

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Refinance Pre-Qualification Worksheet Referral Source _____

- 1. Property Address: City: State: Zip:
2. Please circle all that apply. Purchased as distressed sale Purchased through REO/foreclosure
3. Have you made improvements to your home that would affect the value, or the survey (Fence, deck, additional square footage, etc):
4. Are you paying off a home improvement loan or 2nd lien with this loan?
5. Will you be needing additional cash out?
6. Would you like to roll closing costs into the new loan?
7. Annual Premium for: Insurance Taxes Escrow both:
8. Please circle one: Primary Vacation Investment Year Built # of units
9. Date Purchased Purchase Price Current Payment
10. How long since you last financed/ re-financed this property?
11. Has this property been listed for sale in the last 12 months?
12. Term of Mortgage Requested: (40, 30, 25, 20, 15, 10 Yrs) Undecided
13. Homeowner's Insurance: Name Phone
14. Names to be shown on title as:



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15. Borrower information: Name _____ SSN: _____ DOB: _____

of years in school ___ Married ___ Unmarried ___ # Dependents ___ Ages _____

16. Current home address: _____ City: _____ State: _____ Zip: _____

(If less than 2 years at this address please provide previous address below)

Own ___ Rent ___ Family ___ Time Here _____ Yrs _____ Mo Monthly \$ _____

If renting, please complete the following: Landlord or property name/phone: _____

Previous address: _____ City: _____ State: _____ Zip: _____

(Only required if living at current address for less than 2 years- Use blank page for additional)

Own ___ Rent ___ Time at this address _____ Yrs _____ Mo Monthly Pmt \$ _____

If rented, please complete the following:

Landlord or property name: _____ LL phone: _____

17. Borrower home phone: _____ Borrower cell phone: _____

18. Borrower fax: _____ Borrower email: _____

19. CoBorrower information: Name _____ SSN: _____ DOB: _____

of years in school ___ Married ___ Unmarried ___ # Dependents ___ Ages _____

20. Current home address: _____ City: _____ State: _____ Zip: _____

(If less than 2 years at this address please provide previous address below)

Own ___ Rent ___ Family ___ Time Here _____ Yrs _____ Mo Monthly \$ _____

If renting, please complete the following: Landlord or property name/phone: _____

Previous address: _____ City: _____ State: _____ Zip: _____

(Only required if living at current address for less than 2 years- Use blank page for additional)

Own ___ Rent ___ Time at this address _____ Yrs _____ Mo Monthly Pmt \$ _____

If rented, please complete the following:

Landlord or property name: _____ LL phone: _____

21. CoBorrower home phone: _____ CoBorrower cell phone: _____

22. CoBorrower fax: _____ CoBorrower email: _____



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23. Borrower's Employer: _____ Address _____ City _____ State _____ Zip _____

How long with this employer? _____ Yrs Start Date _____

Job Title _____ How long in this type of work? _____ Yrs

Employers phone number for Employment Verification: _____

24. Previous Employer: _____ Address _____ City _____ State _____ Zip _____

(Only required if current employment history is less than 2 years- Use blank page for additional employers)

How Long with Previous Employer _____ Yrs End Date _____ (Month & Yr)

Previous Employers Phone Number for Employment Verification: (____) _____ - _____

25. CoBorrower's Employer: _____ Address _____ City _____ State _____ Zip _____

How long with this employer? _____ Yrs Start Date _____

Job Title _____ How long in this type of work? _____ Yrs

Employers phone number for Employment Verification: _____

26. CoBorrower's Employer: _____ Address _____ City _____ State _____ Zip _____

(Only required if current employment history is less than 2 years- Use blank page for additional employers)

How Long with Previous Employer? _____ Yrs End Date _____ (Month & Yr)

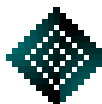
Previous Employers Phone Number for Employment Verification: _____

27. List monthly income amount, and source of income. I.e. Base Salary, Bonus, Commission, Self-employment, Rental, Investment, Social Security, Pension, Trust, Annuity, etc.

Monthly Income:	Source of Income:
\$	
\$	
\$	
\$	
\$	
\$	

28. List primary asset amounts and type. I.e. Checking, Savings, Investment, Stock, Stock Options, Retirement, and Real Estate, etc.

Assets Amount:	Name of Asset:
\$	Primary Residence Market Value (estimate)
\$	
\$	
\$	
\$	
\$	
\$	
\$	



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29. List Monthly obligation amounts and type. I.e. Mortgage loans, Auto loans, Student loans, Personal loans, Credit Cards, 401k loans, Child support, Alimony, Co-signed loans, etc. Please check which ones are to be paid off

Monthly Obligation:	Name of Liability:
\$	Primary Residence Mortgage Loan
\$	Home owners association
\$	
\$	
\$	
\$	
\$	
\$	
\$	

30. Any judgments, lawsuits, bankruptcies (last 10yrs), foreclosures (last 7 Yrs)? Yes ___ No ___

31. Are borrowers U.S. Citizens? Yes ___ No ___

*If no, please state Visa Type _____ and length of time in the United States _____ Years

32. Is either borrower Self employed, own 25% or more of a Corporation or Partnership, or derive 25% or more of income from commissions? ___ Yes ___ No ___ If yes, please clarify

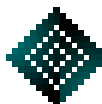
33. If the property is an investment, are all the units rented? Yes ___ No ___? When are you expecting vacancies to be filled? _____

34. If the property is an investment, how long do you plan to hold in your portfolio? _____

35. How many properties do you currently own? _____ How many financed? _____

36. How many properties purchased in the last 6 months? _____ In the last 24 months? _____

37. Do you have landlord experience? _____ How long? _____ How many units? _____



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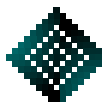
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Consent for Credit Verification

I/We authorize the Lender and any potential investor or insurer of this credit transaction to verify; employment and income history, bank, and credit history. The source of the information may come from, but is not limited to: credit bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records; or other sources as required.

This authorization is for this credit transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

_____	_____	_____
Applicant's Signature	Date	Social Security Number
_____	_____	_____
Co-Applicant's Signature	Date	Social Security Number



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