

# Reverse Mortgage Pre-Qualification Form

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



- Quote
  - Counseling Package
  - Application Package
  - Attach Tri-Merge Credit Report
- \*Highlighted fields are necessary

Application Taken By  Face to Face  
 Mail  
 Telephone

Application Delivery Date

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

Notes/Special Instructions:

Borrower Full Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<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
Ethnicity <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Disclosed	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

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

Co-Borrower Full Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Date of Birth	SSN
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"/> 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	

Property Address:		ZIP Code:	
Monthly Income	Est. Property Value	Primary Residence <input type="checkbox"/> YES <input type="checkbox"/> NO	
Monthly Min. Pymts	Existing MTG Balance	Owner Occupied <input type="checkbox"/> YES <input type="checkbox"/> NO	
Property Tax Amt	Add'l Liens to Payoff	Existing FHA Loan <input type="checkbox"/> YES <input type="checkbox"/> NO	
Hazard Insurance AMT	Outstanding Judgment <input type="checkbox"/> YES <input type="checkbox"/> NO	Property in Bankruptcy <input type="checkbox"/> YES <input type="checkbox"/> NO	
Square FT of Home	Default on Federal Debt <input type="checkbox"/> YES <input type="checkbox"/> NO	Property in Foreclosure <input type="checkbox"/> YES <input type="checkbox"/> NO	
N° of Adults in Home	Power of Attorney <input type="checkbox"/> YES <input type="checkbox"/> NO	Property Held in Trust <input type="checkbox"/> YES <input type="checkbox"/> NO	
BWR Incompetent (Mental Condition) <input type="checkbox"/> YES <input type="checkbox"/> NO		BWR Incapacitated <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 _____			